Sponsor Pledge

My Goal _____ Total Pledges _____

Walker's Name_____ Phone_____

Address _____ Church/Group _____

City _____ ST ___ Zip _____ Email _____

Questions? 215.855.7747

North Care Women's Clinic
311 N. Broad Street • Lansdale, PA 19446

Make checks payable to North Care Women's Clinic. Sponsor address needed to send receipt or bill.
Please fill in pledge amount and indicate whether pledge was paid in cash or check, or whether a bill should be sent.

	First Name	Last Name	Address	City	ST	Zip	Pledge Amt	Paid	Send Bill
1								❑ cash ❑ check	
2								❑ cash ❑ check	
3								❑ cash ❑ check	
4								❑ cash ❑ check	
5								❑ cash ❑ check	
6								❑ cash ❑ check	
7								❑ cash ❑ check	
8								❑ cash ❑ check	
9								❑ cash ❑ check	
10								❑ cash ❑ check	
11								❑ cash ❑ check	
12								❑ cash ❑ check	
13								❑ cash ❑ check	
14								❑ cash ❑ check	
15								❑ cash ❑ check	
16								❑ cash ❑ check	
17								❑ cash ❑ check	
18								❑ cash ❑ check	
19								❑ cash ❑ check	
20								❑ cash ❑ check	
21								❑ cash ❑ check	
22								❑ cash ❑ check	
23								❑ cash ❑ check	
24								❑ cash ❑ check	
25								❑ cash ❑ check	
26								❑ cash ❑ check	
27								❑ cash ❑ check	
28								❑ cash ❑ check	
29								❑ cash ❑ check	