

WALK FOR HOPE SPONSORSHIP FORM

Bring this form and collected donations with you, to turn in, at the Walk for Hope.

If mailing, send to: Expectations Women's Center,
PO Box 291, Lewisburg, PA 17837

NAME: _____ **GOAL: \$** _____

PAID **Circle One:** Cash or Check

Name		
Address		
City	ST	Zip
Email		Phone

\$15 \$25 \$50 \$100 Other

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TOTAL RAISED \$ _____

(TOTAL OUTSTANDING) \$ _____

Thank you for supporting Expectations Women's Center!!

Questions? Call Caryn at 570-523-6874 ext. 302

