

# WALK FOR HOPE PLEDGE 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	

\$10    \$20    \$30    \$50    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

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