

WALK FOR *Life*



SATURDAY, SEPTEMBER 9, 2023

Registration 9:00 am - Walk 10:00 am

Campbell Park, McMichael Ave • St. Helens, Oregon 97051

Columbia Pregnancy Clinic & Family Resources

**COLUMBIA PREGNANCY CLINIC
& FAMILY RESOURCES**

P. O. Box 344 - 970 Columbia Blvd
St. Helens, Oregon 97051

**WALK
FOR** *Life* 

September 9th • Registration: 9:00 am • Walk Begins: 10:00 am
Campbell Park • McMichael Ave, St. Helens

It's easy!

- Come rain or shine.
- Free T Shirts to sponsors/walkers for donations \$100 +
- Walk on your own if you can't join in the fun.
- Scan the QR code to donate online.

Step 1: Register online, by mail, by phone, or with your group leader TODAY.

Step 2: Ask EVERYONE you know to sponsor you. You will be amazed how many will say YES!

Step 3: Please be sure all names and addresses are complete and easy to read. Bring your completed Pledge Form(s) the day of the Walk (or walk on your own and mail it in). Don't collect any money. We'll handle the billing.



QUESTIONS?

(503) 397-6047 • cpc.sthelens@gmail.com



The support you raise helps to ensure that we can continue to offer excellent services at no charge to our clients. We'd love to have you come and join us! Without our donors and community support, our free resources wouldn't be possible. Thank you for your support! We offer comprehensive, positive alternatives to abortion.

Our free and confidential services include:

- Pregnancy and STD Testing
- 24-hour Helpline
- Confidential "Client Advocates"
- Educational Ultrasounds
- Medical Referrals
- Accurate Information
- Clothing, Food, and Baby Furniture
- Post-Abortion Support
- Fathers' Program



SPONSOR PLEDGE FORM

MY GOAL _____ TOTAL PLEDGES _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space..

Walker's Name _____

I am: Adult Teen Child

Address _____

Have you walked in a Walk For Life before? Yes No

City _____

Shirt Size needed (circle one):

ST _____ Zip _____

Youth: **S M L** Adult: **S M L XL XXL**

Phone _____

I am unable to walk, but will make a donation of \$_____ (Please make check payable to Columbia Pregnancy Clinic & Family Resources).

Church/Group _____

Email _____

QUESTIONS?
(503) 397-6047

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge (\$10 minimum for us to bill, please)!

Columbia Pregnancy
Clinic & Family Resources
P. O. Box 344 - 970 Columbia Blvd
St. Helens, Oregon 97051

Please print all information clearly. Make check payable to Columbia Pregnancy Clinic & Family Resources.

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Please Print Clearly!

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