WALK ONLY To Be Billed—Pledges of \$25 or more only! Year:	
MY GOAL IS: Child (3-	12) Youth/Teen (13-17) Adult 18+
Walker's Name:	
Please PRINT Address:	ZIP:
information & indicate Phone:	Email:
the total pledge desired	
Name:	
Address:	
City: Zip:	
□\$25 □\$50 □\$75 □\$100 □Other \$	□\$25 □\$50 □\$75 □\$100 □Other \$
□ I'd like to support the ministry as a monthly giver \$	□ I'd like to support the ministry as a monthly giver \$
Name:	Name:
Address:	
City: Zip:	
□\$25 □\$50 □\$75 □\$100 □Other \$	
□ I'd like to support the ministry as a monthly giver \$	□ I'd like to support the ministry as a monthly giver \$
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City: State: Zip:	City:State:Zip:
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□ I'd like to support the ministry as a monthly giver \$	□ I'd like to support the ministry as a monthly giver \$
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Name: Address:	Name: Address:
City: State: Zip: \$25 \$50 \$75 \$100 Other \$ I'd like to support the ministry as a monthly giver \$	City: Zip: \$25 \$50 \$100 Other \$ I'd like to support the ministry as a monthly giver \$
For forms or hole calls 252 446 2272 Your Choice Descurre	Amount to be billed.

For forms or help call: 252-446-2273 *Your Choice Resource Center* 400 Sunset Ave RMT Mount, NC 27804

(Total from Front and Back)

Amount to be billed: \$____