

Walker's Name: _____ Walker's Church: _____

My Goal is to raise \$ _____ for Sav-A-Life Bessemer at the 2025 WALK FOR LIFE at Grace Life Baptist Church Feb. 8 @ 10am

CHILD TEEN ADULT TEAM MEMBER? Yes No Team Name: _____

Walker's Street: _____ Walker's City, State Zip: _____ Walker's Phone #: _____ Walker's email: _____	Cash collected _____ Checks collected _____ Amount to be Billed _____ TOTAL _____
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Name _____ Address _____ City _____ State ____ Zip _____ Email _____	Donation: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 Other \$ _____ <i>Please send receipt</i> <input type="checkbox"/> All donations are tax deductible <input type="checkbox"/> Paid-cash <input type="checkbox"/> Paid-check # _____ <input type="checkbox"/> Bill me (minimum \$20) Please add me to your mailing list <input type="checkbox"/> email <input type="checkbox"/> regular mail
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Please make checks payable to: **Sav-A-Life Bessemer, Inc.**

Before I formed you in the womb I knew you. Jer. 1:5