

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

My Goal is to raise \$ _____ for Sav-A-Life Bessemer at the 2026 WALK FOR LIFE at Grace Life Baptist Church Feb. 7 @ 10am

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

Walker's Street: _____	Cash collected _____
Walker's City, State Zip: _____	Checks collected _____
Walker's Phone #: _____	Amount to be Billed _____
Walker's email: _____	TOTAL _____

Name _____	Donation: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 Other \$ _____
Address _____	<i>Please send receipt</i> <input type="checkbox"/> All donations are tax deductible
City _____ State ____ Zip _____	<input type="checkbox"/> Paid-cash <input type="checkbox"/> Paid-check # _____ <input type="checkbox"/> Bill me (minimum \$20)
Email _____	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