It's easy!

- Anyone can participate. This family-friendly event is a short walk and finishes back at the shelter for food, refreshments, prizes, and music!
 Strollers are welcome!
- Come rain or shine. Prizes awarded for multiple categories Free T-shirt for \$50 or more in pledges!
- Walk on your own if you can't join us.

Step 1: Register online via our website at www.newlifehighpoint.org, by mail, by phone, or with a team captain TODAY. Join a team or form your own. Create an online team page to raise funds and share through social media. Being a part of a team helps you raise more money quickly and easily.

Step 2: Ask EVERYONE you know to sponsor you. You will be amazed how many will say YES! We are encouraging everyone to make it a family effort. Teach your children about the value of life and family by involving them n this philanthropic event. Children of all ages are welcome to participate.

Step 3: Record your sponsor donations. You can use the attached sponsor form to record cash and checks or encourage your sponsors to donate online through your fundraising page. Please be sure all names and addresses are complete and easy to read.

Step 4: Bring your completed Walker/Runner Form(s) along with any collected money in an envelope the day of the event or we'll handle the billing. This total will be added to your online donations. Drop your envelope off at the registration table. Lastly... start stretching!

Questions?

Please call (336) 887-2232 or email highpointpcc@outlook.com

The money you raise will benefit women, men and families in our community facing the challenges of an unplanned pregnancy.

Celebration of Life Fundraiser Event



416 Gatewood Avenue High Point, NC 27262

Monstra Life Fearing (Intreach



Celebration of Life fundraiser event







A woman's choice for life can start with the smallest seed of hope, love, or a kind word. Join us, and you can take part in preparing the soil in the hearts of many women, couples, and families in our shared community.

WALKER / RUNNER INFORMATION

FIRST NAME			LAST NAME			
STREET ADDRESS				PHONE		
CITY			STATE Z	MY GOAL		
EMAIL			CHURCH/WALK TEAM			
HOW DID YOU HEAR	ABOUT THE WALK					
I AM: ADIII T	STUDENT DAST	OD CHIDT CIZE.	YOUTH S M	L ADULT 🔲 S		
TAM. TADOLI	TODENT PAST	OK SHIKI SIZE.	1001H [3M	L ADOLI L	XLXXL	
I AM UNABLE	TO WALK, BUT WILL	MAKE A DONATI	ION OF: \$			
Cnan	$\begin{bmatrix} a & b \end{bmatrix}$	daaa				
-0000	801 11t	ages:	PLEASE PRINT & PRO	OVIDE COMPLETE INFOR	MATION	
		000				
(1)			E. CM	1 (1)		
st Name	Last Name		First Name	Last Name		
	Last Name			Last Name		
	Last Name		First Name Address	Last Name		
dress	Last Name	Zip		Last Name	Zip	
dress		Zip	Address		Zip	
idress y		Zip	Address		Zip	
ldress		Zip	Address		Zip	
ldress ty nail		Zip	Address City Email		Zip PAID CHECK	
ty nail \$25 \$50	State		Address City Email	State PAID CASH		
ty nail \$25 \$50	State PAID CASH	PAID CHECK	Address City Email	State PAID CASH	PAID CHECK	
ddress ty nail \$25 \$50 \$100 \$	State PAID CASH	PAID CHECK	Address City Email	State PAID CASH	PAID CHECK	
rst Name ddress ty mail \$25 \$50 \$100 \$\$ rst Name	State PAID CASH PAID ONLINE	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE	PAID CHECK	
ty nail \$25 \$50 \$100 \$\$ st Name	State PAID CASH PAID ONLINE	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE	PAID CHECK	
ty mail \$25 \$50 \$100 \$ sty Test Name	State PAID CASH PAID ONLINE	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE	PAID CHECK	
ddress ty nail \$25 \$50 \$100 \$\$ est Name	State PAID CASH PAID ONLINE	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE	PAID CHECK	
ddress ty mail \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE Last Name	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$ First Name Address	PAID CASH PAID ONLINE Last Name	PAID CHECK BILL ME	
ddress ty nail \$25 \$50 \$100 \$\$ st Name dress	State PAID CASH PAID ONLINE Last Name	PAID CHECK	Address City Email \$25 \$50 \$100 \$\$ First Name Address	PAID CASH PAID ONLINE Last Name	PAID CHECK BILL ME	
dress y nail \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE Last Name	PAID CHECK	Address City Email \$25 \$50 \$50 \$100 \$\$ First Name Address City	PAID CASH PAID ONLINE Last Name	PAID CHECK BILL ME	
ddress ty nail \$25 \$50 \$100 \$\$	State PAID CASH PAID ONLINE Last Name	PAID CHECK	Address City Email \$25 \$50 \$50 \$100 \$\$ First Name Address City Email	PAID CASH PAID ONLINE Last Name	PAID CHECK BILL ME	

First Name	Last Name		First Name	Last Name	
Address	l		Address		
City	State	Zip	City	State	Zip
Email			Email		
\$25 \$50	PAID CASH	PAID CHECK	\$25 \$50	PAID CASH	PAID CHECK
\$100 \$	PAID ONLINE	BILL ME	\$100 \$	PAID ONLINE	BILL ME
First Name	Last Name		First Name	Last Name	
Address			Address		
City	State	Zip	City	State	Zip
Email			Email		
\$25 \$50 \$100 \$	PAID CASH	PAID CHECK	\$25 \$50 \$100 \$	PAID CASH	PAID CHECK BILL ME
First Name	Last Name		First Name	Last Name	
Address			Address		
City	State	Zip	City	State	Zip
Email			- Email		
\$25 \$50	PAID CASH	PAID CHECK	\$25 \$50	PAID CASH	PAID CHECK
\$100 \$	PAID ONLINE	BILL ME	\$100 \$	PAID ONLINE	BILL ME
CASH/CHECK TOTAL \$		ONLINE TOTAL	\$	TOTAL RAISED	
I understand that volunted physically able to understoom to me or to my property in this activity. By particits officers, agents, serving from my participation	take this acti , as well as r ipating, I re ants, employ	vity. I assume all related medical co lease, discharge, rees, and directors	risk and responsibility osts and expenses, wh indemnify, and forevel os from any and all clai	for any damage, ir nich I may sustain v r hold New Life Far ims and/or causes	njury, or death while involved nily Outreach,
YOUR SIGNATURE				DATE	