



Walk for Life
 Saturday
March 24, 2012 9:00 a.m.
Lake Eola
 Registration 8:15 a.m.

Church Name: _____
 Walk Captains Name: _____

Pledge Goal \$250!

Donations:
 Cash Total _____
 Check Total _____
 Bill Me Total _____
 On-line Total _____

Total _____

Instructions:

1. Complete Pledge Envelope Walker Info. (**IMPORTANT: (Please Print)**)
2. Ask everyone you know to sponsor you—family, friends, co-workers, club members, everyone!
3. Register online to ensure availability of your t-shirt size ! www.truelifechoice.com
4. We can only bill sponsors for pledges over \$10. **Collect \$10.00 or less.**
5. Your sponsors can also pay online: www.truelifechoice.com
6. Use spaces provided below to total and transfer totals to top box.

Walker's Name: _____ **E-mail:** _____ **Phone:** _____
Address: _____ **City/St./Zip:** _____ **I am:** **Adult** **Child (12 & under)**
To qualify as a registered walker & receive a free t-shirt each walker must have an envelope with \$25 (Adults) or \$10 (12 and under)
**Contributions to TLC are tax deductible. Sponsors will not be added to any mailing lists without consent.*

#	Name (First & Last)	Phone	Email	Cash	Check	Bill Me	On-Line	Total
	<i>Example: Jane Doe</i>	<i>407-123-4567</i>	<i>janedoe@aol.com</i>		<i>\$50</i>			<i>\$50</i>
Address to be billed : <i>123 Main St. Orlando, FL 32804</i>				Check Number : <i>#3215</i>				
1								
Address to be billed :				Check Number : _____				
2								
Address to be billed :				Check Number : _____				
3								
Address to be billed :				Check Number : _____				
4								
Address to be billed :				Check Number : _____				
Totals from back (5-14)								
Total each column								

(Please list totals in top box)

True Life Choice
 PO BOX 547729, Orlando, FL 32854
 407-244-5529
www.truelifechoice.com

	Name (First & Last)	Phone	Email	Pledge Amt	Cash	Check	On-Line	Bill Me
5								
Address to be billed :			Check Number : _____					
6								
Address to be billed :			Check Number : _____					
7								
Address to be billed :			Check Number : _____					
8								
Address to be billed :			Check Number : _____					
9								
Address to be billed :			Check Number : _____					
10								
Address to be billed :			Check Number : _____					
11								
Address to be billed :			Check Number : _____					
12								
Address to be billed :			Check Number : _____					
13								
Address to be billed :			Check Number : _____					
14								
Address to be billed :			Check Number : _____					
			Total of 5-14					