

SPONSOR FORM

First Care Women's Clinic
 PO Box 15198, West Palm Beach, FL 33416 | 561-688-2163
 Email: info@firstcareforlife.com | Website: www.firstcareforlife.com

WALKER/RUNNER NAME	ADDRESS	EMAIL ADDRESS
PHONE	CITY, STATE, ZIP	CHECK HERE IF UNDER 21 <input type="checkbox"/>

Suggested Donation Amounts:

\$10

\$25

\$50

\$100



DONATION AMOUNT		PLEASE PRINT NEATLY!		SPONSOR INFORMATION		
CASH	CHECK	NAME	ADDRESS			
\$	\$	PHONE	CITY	STATE	ZIP	
	Check # _____					
\$	\$	NAME	ADDRESS			
	Check # _____	PHONE	CITY	STATE	ZIP	
\$	\$	NAME	ADDRESS			
	Check # _____	PHONE	CITY	STATE	ZIP	
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	Check # _____	PHONE	CITY	STATE	ZIP	
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	Check # _____	PHONE	CITY	STATE	ZIP	
\$	\$	NAME	ADDRESS			
	Check # _____	PHONE	CITY	STATE	ZIP	
CASH TOTAL	CHECK TOTAL	ONLINE TOTAL	GRAND TOTAL	BRING THIS FORM, ANY CHECKS OR CASH AND YOUR ONLINE DONATIONS SHEET WITH YOU ON OCTOBER 1, 2022.		
\$	\$	\$	\$			