

Sponsor Pledge Form

Your pledge will save lives!

The Women's Resource Medical Centers of Southern Nevada exists to save the lives of unborn children by sharing the love of Jesus Christ through spiritual, physical, emotional, and educational support to our clients.



Participant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Church and/or Group _____

I am a/an Adult (20+) Teen (13-19) Child (0-12) Pastor

WAIVER: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I and/or any of my family members may have against the Race for Life and all other persons associated with this event, its agents, representatives, successors, and assigns for any and all injuries suffered by me in the said event. Further, I grant full permission to any and all the foregoing to use any photographs, video, recordings and any other records of this event for any legitimate purpose.

Signature _____

(Parent/Guardian must sign for persons under 18 years of age.)

My goal is:

- \$ 200
- \$ 250
- \$ 500
- \$1000
- \$ _____

Total Pledges

\$ _____

 **WOMEN'S RESOURCE
medical centers
of southern nevada, inc.**
SAVING LIVES SINCE 1985

2915 W. Charleston Blvd., Suite 1
Las Vegas, Nevada 89102
Phone (702)366-1247

www.WRMCSN.org

Paid Cash Paid Check

First	Last	
Mailing Address		Zip
Email Address		Phone

\$20 \$30 \$50 \$100 Other \$ _____

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Save Time For Our Volunteers

Make sure that each sponsor's name and address is complete and easy to read. By obtaining accurate zip codes, you will save hours of time for our volunteers. Please mark either the "paid cash" or "paid check" area to the left of each sponsor's name. **If both are left unmarked, we will know that they have chosen to be billed for their pledge.** Make all checks payable to Women's Resource Medical Centers of Southern Nevada (WRMCSN).

FOR OFFICE USE ONLY

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For more Race information or to create an online fundraising page, visit www.WRMCSN.org

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First Last

Mailing Address Zip

Email Address Phone

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