

# "PRAYER WALK" Sponsors Paid in Full

Year: \_\_\_\_\_

Youth/Teen (10-17)

Adult 18+

**MY GOAL IS:**

\$200  \$300

"Partner for Life" Name: \_\_\_\_\_

\$500  \$1,000

Address: \_\_\_\_\_ Zip \_\_\_\_\_

\$ \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Circle size needed) T-Shirt: S M L XL XXL or Youth: S M L

**CIRCLE/CHECK AMOUNT PAID \* MAKE CHECKS PAYABLE TO AHOSKIE CHRISTIAN CENTER \* PLEASE PRINT CLEARLY**

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$30 <input type="checkbox"/> OTHER _____ Check # _____ PAID: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> RECEIPT REQUESTED <input type="checkbox"/>	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$30 <input type="checkbox"/> OTHER _____ Check # _____ PAID: CASH <input type="checkbox"/> CHECK <input type="checkbox"/> RECEIPT REQUESTED <input type="checkbox"/>
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***This sheet total: \$ \_\_\_\_\_***

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*Thank You!*

**Amount from front sheet (cash & checks):** \$ \_\_\_\_\_  
*(Checks payable to: Ahoskie Christian Center)*

For forms or help call 252-862-4777

**Amount from this sheet:** \$ \_\_\_\_\_

**Family Resource Center of Ahoskie**  
217 W. Church Street  
Ahoskie NC 27910

**TOTAL of both sheets:** \$ \_\_\_\_\_

**TOTAL number of SPONSORS from both sheets:** \_\_\_\_\_