

Participant's Name: _____ Participant's Team: _____

My goal is to raise \$ _____ for Crossroads Life Center at the 2024 Walk for Life at Beaver Trail Park on October 19th, 2024.

Participant's Street: _____ Participant's City, State, Zip: _____ Participant's Phone #: _____ Participant's Email: _____	Cash Collected: _____ Checks Collected: _____ TOTAL: _____
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Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Donation: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 Other \$ _____ Send Receipt <input type="checkbox"/> <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ Add me to your mailing list: <input type="checkbox"/> email <input type="checkbox"/> mail
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**Please make checks payable to:
Crossroads Life Center**

All donations are tax deductible