

WHAT DOES LOVEWALK 2018 SUPPORT?

By walking or sponsoring a walker, you are helping us to continue providing **FREE and confidential services** to women and men of all ages who face an unplanned pregnancy or are struggling from past-abortions.

Your participation in the Love Walk makes a real, life-saving and changing difference in the lives of our clients. So far in 2017, an estimated **153** babies were saved from abortion and their parents were spared the very real trauma of abortion. **3** of our clients received Jesus Christ as their Savior. Healing, forgiveness, and freedom in Christ flowed from **71** visits with post-abortive women and men.

Thank you to those who participated in the Love Walk last year for helping make these results possible. For our new walkers, know that God will use the funds you raise for amazing things in the lives of our clients this year. We can't wait to report back to you next year!



WALKER'S PLEDGE FORM

Walker's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Church/Group _____ My goal is to raise \$ _____

To participate in the Love Walk, you must sign the following release:
 In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Assurance for Life, Inc. for any injury or illness which may result from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I also give Assurance for Life, Inc. permission to use photographs of me taken at the Love Walk and associated events in future event promotion.

Walker Signature

SPONSOR FORM

Please be sure to print clearly - include zip codes and the amount each person is pledging.

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

Sponsor Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Pledge: \$25 \$50 \$100 Other \$ _____

Check this box if paid Do not add me to the mailing list

If you have any questions, please contact Assurance at 859.278.8469 or info@assurancecare.org