

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 _____



FREE T-SHIRT
when you secure
\$100 in pledges!

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: \$15 \$25 \$30 \$50 \$100 Other \$ _____

Check this box if paid Add me to the mailing list

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Address _____

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Email Address _____

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CAN'T MAKE IT THIS YEAR? YOU CAN STILL PARTICIPATE!

Collect pledges and mail or email your pledge form to us: info@assurancecare.org or 1517 Nicholasville Rd., Suite 405, Lex., KY 40503
Questions? Call 859-278-8469