

HELP US REACH OUR \$40,000 GOAL!

FOR OFFICE USE ONLY

ID NUMBER: _____

Do all this online at InsightPregnancy.com/thechallengeforlife



Participant's Name(s): _____

Address: _____

City: _____ ST: _____ ZIP: _____

Email or Phone: _____

Church You Attend: _____

TOTAL PLEDGED: \$

TURNED IN: \$

PAID ONLINE: \$

BALANCE REMAINING: \$

Make checks payable to Insight Pregnancy Services.

An address is needed for any uncollected funds.

Download additional sheets at our website or photocopy as needed.

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