

Help Us Reach Our \$40,000 Goal!

Do all this online at InsightPregnancy.com



Participant's Name(s): _____

Address _____

City _____ ST _____ ZIP _____

Email or phone: _____

Church You attend: _____

Some sponsors have not paid: I will collect

Please collect for me

For office use only:

ID NUMBER # _____

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.

\$ PLEDGED _____ **\$ COLLECTED** _____ **BALANCE** _____

First		Last	
Address			
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