

solutions
health & pregnancy center

4 LIFE 837 Broad Street
Shrewsbury, NJ 07702

WALK
4 LIFE

solutions
health & pregnancy center

WALK
4 LIFE

YOUR SUPPORT HELPS

- Bring compassionate help and hope to young men and women who are facing an unplanned pregnancy.
- Present sexual abstinence as a positive lifestyle for singles.
- Provide healing and restoration to those hurt by abortion.
- Share the truth that Jesus Christ is Lord and Savior.

OUR SERVICES

- Pregnancy Testing
- Ultrasound exams
- STD Screening and Treatment
- 24 Hour Helpline
- Mentoring Programs for women and men
- Parenting Class Graduation Layette
- Choices Matter Abstinence Programs
- Post-Abortion Counseling

QUESTIONS?

(732) 747-5508 x113

IT'S EASY!

- Only a two mile walk – bring the whole family.
- Come rain or shine.
- Free T-shirt for \$200 in pledges!
- Register with your group leader or online at Solutions4Life.org

STEP 1: Register online, by mail, by phone, or with your church ambassador TODAY.

STEP 2: Ask EVERYONE you know to sponsor you. You will be amazed how many friends and associates will say YES!

DETAILS ARE IMPORTANT! Please be sure all names and addresses are complete and easy to read. If using a paper pledge form, bring your completed form and collected cash/checks to the walk. If using the online options, bring a print out of your pledges to the walk. If walking on your own, just mail the completed form to us.

As we seek to be better stewards of the funds your participation provides, we encourage you to register online. This greatly reduces the cost of paper pledge forms and makes it easy for you to seek support using email and social media.

Go to Solutions4Life.org to get started today!

Sponsor Form

MY GOAL _____ TOTAL _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____
 Address _____
 City _____
 ST _____ Zip _____
 Phone _____
 Church/Group _____
 Email _____

Solutions will collect all pledges for \$10.00 or more by mail and we would appreciate your help in collecting pledges under \$10.00.

Solutions Health & Pregnancy Center
 837 Broad Street, Shrewsbury, NJ 07702
 office@solutionsphc.com • www.Solutions4Life.org

Questions?
(732) 747-5508 x113

Please print all information clearly. Make check payable to SHPC.

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

PRINT CLEARLY PLEASE!

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First	Last		
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			