

Please note that **YOU DO NOT NEED TO WALK ON THE DAY OF THE EVENT** to participate with us. You can get sponsors and walk or run wherever you are!

RealOptions

OBRIA MEDICAL CLINICS
1671 The Alameda, Suite 101
San Jose, CA 95126
walk@realoptions.net
408-229-9836

Martial Cottle Park or Choose Your Location | Check-In at 8:30 AM | Walk at 9:00 AM



03.12.2022

Walk for Life

5K Walk/Run

Martial Cottle Park or Choose Your Location
Check-In at 8:30 AM | Walk at 9:00 AM



The Walk for Life is a family friendly community awareness fundraising event for the entire family! **All proceeds go towards providing life-affirming services to women, men, students, and families through our medical clinics and outreach programs in the Bay Area.** We encourage you to form church, family, community, or corporate teams. Come celebrate the gift of life!

SERVICES INCLUDE:

- Pregnancy Testing
- Pregnancy Options Consultations
- Patient Advocacy
- Ultrasound Imaging
- Prenatal Care
- Material Support
- Abortion Pill Reversal Treatment
- STD Testing & Treatment
- Well Woman Care
- Pregnancy Loss Healing
- Education for Students & Parents
- College Campus Outreach

Event Date: Saturday, March 12, 2022 | **My Personal Goal:** \$ _____

THIS PLEDGE FORM BELONGS TO: _____

EACH FUNDRAISER MUST HAVE THEIR OWN PLEDGE FORM AND/OR ONLINE FUNDRAISING PAGE. PLEASE WRITE PARTICIPANT'S NAME ABOVE.

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MOBILE NUMBER _____ EMAIL _____ CHURCH/ORGANIZATION _____

I AM A(N): ADULT (50+) ADULT (35-49) ADULT (18-34) YOUTH (13-17) CHILD (0-12)

PARTICIPATING IN: WALK RUN

I AM PARTICIPATING AS A(N): INDIVIDUAL TEAM CAPTAIN TEAM MEMBER

TEAM NAME (A TEAM CONSISTS OF 3 OR MORE FUNDRAISERS.) _____ TEAM CAPTAIN NAME _____

WAIVER: I HEREBY WAIVE ALL CLAIMS AGAINST REALOPTIONS, ITS SPONSORS, OR ANY PERSONNEL FOR ANY INJURY I MIGHT SUFFER AT THIS EVENT.

# OF GIFTS	TOTAL \$	_____
		PARTICIPANT'S SIGNATURE

Fundraise Online!

1. Go online to www.friendsofrealoptions.net.
2. Click the **Register Here** link and follow the prompts.
3. Create your own fundraising page – using email and your social network – ask everyone you know to sponsor you online!

Raise \$200 and receive a 2022 Walk For Life T-shirt
*While supplies last.



Register at www.FriendsofRealOptions.net
Register Online. Form a Team. Get Sponsors.

RealOptions
OBRIA MEDICAL CLINICS

PLEASE PRINT CLEARLY

MAKE CHECKS PAYABLE TO: REALOPTIONS

“BILL ME” MINIMUM \$25

YOUR GIFT WILL SAVE LIVES!

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

Full Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____ Cash Check

My Contribution (circle one): \$25 \$50 \$75 \$100 \$ _____

Bill Me
(minimum \$25)

Enclose cash and checks when turning in pledge form(s).

PLEASE DO NOT RECORD PLEDGES OR DONATIONS RECORDED ONLINE

REMEMBER TO SPONSOR YOURSELF!

DOWNLOAD ADDITIONAL PLEDGE FORMS AT: www.FriendsofRealOptions.net “Resources” OR CALL 408-229-9836