



# MY SPONSOR FORM

## STEP 1. Register

Register online at [www.scprc.com](http://www.scprc.com) or by phone (814) 234-7341.

Registration Fee: \$35 or commit to raising sponsorship for your participation. Individuals and families who choose to fundraise are asked to raise a minimum of \$35 per registrant.

## STEP 2. Ask for Sponsors, (If Fundraising)

Ask everyone you know to sponsor you with a tax-deductible gift! Raise support online with a personal fundraising page which is provided to you upon registration, or fill out this form and bring it with you to the event.

## STEP 3. Walk, Run or Ride

Gather your friends and join us, or participate on your own on Saturday, September 26th. Any participant who registers before 9/3 will be guaranteed an event t-shirt. Our top runners and fundraisers will be eligible for some awesome prizes!

<b>MY GOAL IS:</b> \$ _____		
<b>PARTICIPATING IN:</b> <input type="checkbox"/> 5K RUN/WALK <input type="checkbox"/> BICYCLE	<b>I WANT TO SPONSOR MYSELF:</b> \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> BILL ME
<b>PARTICIPANT NAME</b> _____		
<b>TEAM NAME (if applicable)</b> _____		
<b>ADDRESS</b> _____		
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____
<b>PHONE</b> _____	<b>EMAIL</b> _____	
<b>CHURCH/ORGANIZATION</b> _____		

- Do not include donations collected through your online fundraising page on this form.
- Please print clearly and remember zip codes.
- For additional sponsor forms visit [www.scprc.com](http://www.scprc.com) or call (814) 234-7341.
- Make checks payable to Pregnancy Resource Clinic.

Pregnancy Resource Clinic exists because we believe people matter. We serve men and women in the Centre Region through pregnancy, parenting, and STI related services. By participating in You Matter 5k, you enable us to continue to offer services at no charge to our clients!

**THANK YOU FOR YOUR SUPPORT!**  
Pregnancy Resource Clinic is a 501(c)(3) non-profit organization. All contributions are tax-deductible.

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ \_\_\_\_\_

PAID:  CASH  CHECK  BILL ME

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Total this page: \$ \_\_\_\_\_