

## STEP 1. Register

Register online at **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 25th. Any participant who registers before 9/7 will be guaranteed an event t-shirt. Our top runners and fundraisers will be eligible for some awesome prizes!

FULL NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID:   CASH   CHECK   BILL ME
FULL NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$
	PAID: CASH CHECK BILL ME
FULL NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$
	PAID: □ CASH □ CHECK □ BILL ME

MY GOAL IS	S: \$					
PARTICIPATING IN: ☐ 5K RUN/WALK ☐ BICYCLE	I WANT TO SPONSOR MYSELF:	□ CASH □ CHECK □ BILL ME				
PARTICIPANT NAME						
TEAM NAME (if applicable)						
ADDRESS						
CITY	STATE	ZIP				
PHONE	EMAIL					
CHURCH/ORGANIZATION						

- 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 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
<b>-</b>	
FULL NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$
	PAID: ☐ CASH ☐ CHECK ☐ BILL ME
FULL NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	
	AMOUNT: \$100 \$50 \$30 \$20 OTHER\$
	PAID: CASH CHECK BILL ME

FULL NAME			FULL NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ PAID: CASH CHECK BILL ME			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ PAID: CASH CHECK BILL ME	
FULL NAME			FULL NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID: CASH CHECK BILL ME			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ PAID: CASH CHECK BILL ME	
FULL NAME			FULL NAME		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ PAID: CASH CHECK BILL ME			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$ PAID: CASH CHECK BILL ME	
FULL NAME			FULL NAME		
			ADDRESS		
	STATE		CITY	STATE	ZIP
EMAIL			EMAIL		
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID:  CASH  CHECK  BILL ME			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID:  CASH  CHECK  BILL ME	
FILL NAME			FILL NAME		
ADDRESS					
	STATE	710		STATE	7ID
EMAIL			EMAIL		. 211
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$	
	PAID: ☐ CASH ☐ CHECK ☐ BILL ME			PAID: CASH CHECK BILL ME	
en conse			E111 - 214 - 1		
			_		
	CTATE			OTITE	710
	STATE		EMAIL	STATE	. ZIP
EMAIL	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID:  CASH  CHECK  BILL ME		EMAIL	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$  PAID: □ CASH □ CHECK □ BILL ME	
FULI NAME			FULI NAMF		
	STATE	ZIP		STATE	
EMAIL				31612	. =-/
	AMOUNT: \$100 \$50 \$30 \$20 OTHER \$			AMOUNT: \$100 \$50 \$30 \$20 OTHER \$	
	PAID:   CASH  CHECK  BILL ME			PAID: CASH CHECK BILL ME	