



Sponsor Form

Your Name: _____ Email: _____

Sponsors, please make sure to fill out all fields below.
Sponsorships are a flat amount and are not based on miles walked.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I would like to give a sponsorship of \$25 \$50 \$75 \$100 \$_____ to support First Care!

Bill Me Later Donate Now Method: Cash Check # _____

.....
Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I would like to give a sponsorship of \$25 \$50 \$75 \$100 \$_____ to support First Care!

Bill Me Later Donate Now Method: Cash Check # _____

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Name: _____

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City/State/Zip: _____

Phone: _____ Email: _____

I would like to give a sponsorship of \$25 \$50 \$75 \$100 \$_____ to support First Care!

Bill Me Later Donate Now Method: Cash Check # _____

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Please email a picture of this form to sydneyf@firstcarewomensclinic.com
once completed or prior to October 10, 2023.