



Admin. Office & Clinic  
942 E. Pine St.  
Lodi CA 95240

Return Service Requested

WALK FOR LIFE

NONPROFIT ORG  
U.S. POSTAGE  
**PAID**  
LODI, CA  
PERMIT NO. 1

## Directions Medical Clinic & Pregnancy Center

Register Virtually – Now thru September 30!

### How It Works

- 1. REGISTER:** Register online and follow the step-by-step page set-up or register using this sponsor form.
- 2. FIND SPONSORS!**  
OPTION 1: Use this form to keep track of sponsors.  
OPTION 2: Ask your sponsors to donate online through the event page.  
OPTION 3: Do a combination of both!  
No need to collect money as all sponsorships over \$10 can be billed from our office
- 3. JOIN US** in the month leading up to the walk on our Facebook page for weekly challenges and prizes! Prizes will also go to our top adult and youth earners!
- 4. GATHER** with other walkers from your home, church, Bible study, family, or friends, then pick a location of your choice to take a walk on Saturday, September 30th between 9 and 11 am. Post pictures of your walk on social media and tag us at #LIFEWALK23.
- 5. DROP OFF:** If you used a paper sponsor form, mail in or drop off your completed sponsor form one week before the Walk for Life and we will do the work of billing and collecting your sponsorships!



Your support helps provide accurate information and compassionate assistance to over 2,000 men, women and students every year. We offer comprehensive, positive alternatives to abortion.

Our free and confidential services include:

- Pregnancy Testing
- Limited Ultrasounds & Pregnancy Options Education
- STI & Healthy Relationship Education
- Medical Referrals
- Parenting Classes
- Baby Clothing, Food, and Furniture
- Post-Abortion Healing Classes

QUESTIONS?

209-368-7190 • [dmcforwomen.org](http://dmcforwomen.org)



# WALK FOR LIFE

Register  
**VIRTUALLY**  
*Now thru  
September 30!*



**DIRECTIONS MEDICAL CLINIC & PREGNANCY CENTER**

**Saturday, September 30, 2023, 9-11 a.m.**

*Choose your own location and fellow walkers!*



# Sponsor Pledge Form

My Goal \_\_\_\_\_ Total Pledges \_\_\_\_\_

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 \_\_\_\_\_



No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge (\$10 minimum for us to bill, please!)

I am : ☐ Adult ☐ Teen ☐ Child

Have you walked in a Walk For Life before? ☐ Yes ☐ No

☐ I am unable to walk, but will make a donation of \$ \_\_\_\_\_  
(Please make check payable to Directions Medical Clinic).

**Top adult and youth earners will earn a special prize!**

**All walkers who make a \$25 donation at registration earn a Walk for Life T-shirt!** If registering virtually, indicate your T-shirt size. If you are not registering online, please call our office at 209-368-7190 and give Miriam your shirt size. Shirts will be available for pickup the week before the event!

QUESTIONS?  
209-368-7190

**Directions Medical Clinic**  
Admin. Office & Clinic  
942 E. Pine St.  
Lodi CA 95240

Please print all information clearly. Make check payable to Directions Medical Clinic.

First		Last	
Address			
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Please Print Clearly!

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