

# Assurance LOVEWALK

Your steadfast *love* is before my eyes,  
and I *walk* in your faithfulness.

Psalm 26:3



Assurance is deeply committed to the compassionate care of women and men of all ages facing an unplanned pregnancy and/or struggling from past-abortions. Thanks to generous supporters like you, all of our services are confidential and free. Register for the walk at [assurancelovewalk.org](http://assurancelovewalk.org), then collect pledges and submit them in person at the walk, online at [assurancelovewalk.org](http://assurancelovewalk.org) or mail to Assurance, 1517 Nicholasville Rd., Suite 405, Lexington, KY 40503. For tips on easy ways to collect pledges, go to [assurancelovewalk.org](http://assurancelovewalk.org). **Raise \$100 or more to earn your free t-shirt!**

## WALKER INFORMATION

Name \_\_\_\_\_ Email \_\_\_\_\_

## PLEDGE FORM

Please be sure to print clearly - include zip codes and the amount each person is pledging.

Sponsor Name _____	
Address _____	
City _____	State _____ ZIP _____
Email _____	
Pledge:	<input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Check this box if paid	<input type="checkbox"/> Add to the Assurance mailing list

Sponsor Name _____	
Address _____	
City _____	State _____ ZIP _____
Email _____	
Pledge:	<input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____
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Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_  
Pledge:  \$25  \$30  \$50  \$100  Other \$ \_\_\_\_\_  
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