

SATURDAY, OCTOBER 7, 2023

Check-In • 8:30am

Start • 9:00am





ORAL SURGERY



bella

Specializing in Saving Lives.



My Goal: \$ Total Pledges: \$_____ Walker's Name: Address: _____ City, State, Zip:____ Phone: _____ Email: _____ Church/Group: Have you walked for Bella before? (circle one) Yes No I am unable to walk, but will make a donation of \$___ (Please make checks payable to Bella Medical Clinic.)

____ PAID _____BILL ME Name: Email: Address: Phone:_ \$100 Other \$ \$25 \$35 \$50 PAID ____BILL ME Name: Email: Phone:_ \$100 Other \$ \$50 \$25 \$35 PAID BILL ME Name: Email: Phone: \$50 \$100 Other \$ \$25 \$35

PLEDGE FORM

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> You will receive a FREE 2023 Walk for Life T-shirt when raising \$150 in pledges/donations!

QUESTIONS. REGISTER. DONATE.

Call or Text: 920.231.6006 Email: bethn@bellamedclinic.org Website: bellamedicalclinic.org

> Or Scan the QR Code:



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