



1. Register.

Register as a walker or runner either online at www.nlfs.org.

2. Ask for sponsors.

Raise support online with a personal fundraising page and/or with this paper sponsor form. Ask everyone you know to sponsor you with a tax-deductible gift.

3. Walk or Run!

Gather your friends and join us as we Walk and Run for Life. Bring along this completed sponsor form and any money you have collected.

Download additional sponsor forms at www.nlfs.org.



My personal goal is: \$ _____

Participating in:

- Walk
- 5K Fun Run

I want to sponsor myself:

- \$100 \$50 \$25 Other: \$ _____
- Bill Me Pd Cash Pd Check Pd Online

Walker/Runner Name: _____

Team Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Church: _____

SPONSOR FORM

All contributions are tax-deductible.
New Life Family Services is a 501(c)(3) non-profit ministry.

Please print clearly. Remember zip codes.
Make all checks payable to New Life Family Services.
Do not include donations collected online.
Thank you for your support!



Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

Full Name _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communication from New Life only)
Amount: \$100 \$50 \$40 \$20 Other \$ _____ Bill Me Paid Check Paid Cash

ONLINE TOTAL \$ _____ + PAPER FORM TOTAL \$ _____ = GRAND TOTAL \$ _____