

Please print clearly. Make checks payable to Savannah Care Center.
If choosing "Bill Me Later," address is required.

My Goal _____

Total Pledges _____

WALKER'S INFO

FIRST	LAST	
ADDRESS		
CITY	ST	ZIP
PHONE		
EMAIL		
CHURCH/GROUP		

FIRST	LAST	
ADDRESS		
CITY	ST	ZIP
PHONE		
EMAIL		
<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 \$ _____		
<input type="radio"/> BILL ME LATER <input type="radio"/> PAID CASH		
<input type="radio"/> PAID CHECK <input type="radio"/> PAID ONLINE		

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