

Non-Profit Org.
U.S. Postage
PAID
Cedar Ridge, CA
Permit No. 14

IT'S A wonderful walk



LivingWell Medical Clinic

MAY 20, 2023

CHECK-IN: 9:30 AM • WALK: 10:00 AM

BBQ: 11:30 AM

CONDON PARK

660 MINNIE ST. • GRASS VALLEY

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CHECK-IN: 9:30 AM • WALK: 10:00 AM • BBQ: 11:30 AM

CONDON PARK • 660 MINNIE ST. • GRASS VALLEY

IT'S EASY!

- Only a two mile walk – bring the whole family.
- Come rain or shine.
- Free T-shirt for \$250 in pledges!
- \$25 registration fee for less than \$250 in sponsors.
- Great prizes!
- Walk on your own if you can't join us.

STEP 1:

Register by mail or online:
livingwellmedicalclinic.com/walk

STEP 2:

Ask **EVERYONE** you know to sponsor you. You will be amazed by how many will say YES!

STEP 3:

Please be sure all names and addresses are complete and easy to read. Bring your completed Pledge Form(s) the day of the Walk (or walk on your own and mail it in). For any pledges not collected beforehand, we'll handle the billing.

questions? 1-530-272-6800

LivingWellMedicalClinic.com/Walk



Scan to register
or donate online



HELP LIVINGWELL RAISE

\$60,000 IN 2023

The proceeds from the Walk inspires hope in our community through education and medical services related to pregnancy and other sexual health decisions. Your support ministers to the 5,000 women, men, children, and students that God will send our way this year.

OUR SERVICES

- Pregnancy Testing
- Limited Obstetrical Ultrasounds
- Community Education
- Mentoring Women and Men
- STI Testing and Education
- Abortion Pill Reversal
- After Abortion Assistance
- Client Advocates
- Material Assistance
- Community Referrals

105 Catherine Lane • Grass Valley, CA 95945
530.272.6800 • livingwellmedicalclinic.com/walk



SPONSOR FORM

MY GOAL _____ TOTAL _____

Bring this completed form to the Walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____ Phone _____

Address _____ Church/Group _____

City _____ State _____ Zip _____ Email _____

questions? 1-530.272.6800
livingwellmedicalclinic.com/walk

I release LivingWell Medical Clinic from any liability for this event. I give permission for LivingWell to use my photographs taken at the event for future promotional material.

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

Signature: _____

<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME	First	Last	
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PRE-REGISTER

Please cut out and return this form today so we will know you're coming!

Walker's Name _____

Address _____

City _____

St/Zip _____

Phone _____

Church/Group _____

Email Address _____

I am : Adult Teen Child

Have you walked in a LivingWell Walk before?
 Yes No

Shirt Size needed (circle one):
 Youth: **S** **M** **L**
 Adult: **S** **M** **L** **XL** **XXL**

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

Please send me _____ additional brochures to distribute at work, church or school.

Return to:

LivingWell Medical Clinic
 105 Catherine Lane
 Grass Valley, CA 95945
 Or pre-register online at
livingwellmedicalclinic.com/walk