

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

# walking in HOPE

WE HAVE THIS HOPE AS AN ANCHOR FOR  
THE SOUL, FIRM AND SECURE.  
HEBREWS 6:19A



LIVINGWELL MEDICAL CLINIC

## Saturday, May 14, 2022

CHECK-IN: 9:30 AM • WALK: 10:00 AM • BBQ: 11:30 AM  
CONDON PARK • 660 MINNIE ST. • GRASS VALLEY

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### 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](http://livingwellmedicalclinic.com/walk)

### STEP 2:

Ask EVERYONE you know to sponsor you. You will be amazed by how many will say YES! When you register online, you can watch your up-to-the-minute sponsorships pour in.

### 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.

### HELP LIVINGWELL RAISE \$40,000 IN 2022

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.

### SERVICES

Our no-cost and confidential services include:

- 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

## Questions?

SCAN TO REGISTER  
OR DONATE ONLINE



105 Catherine Lane • Grass Valley, CA 95945  
1-530-272-6800 • [livingwellmedicalclinic.com/walk](http://livingwellmedicalclinic.com/walk)



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# walking in HOPE

# Sponsor Form

MY GOAL \_\_\_\_\_ TOTAL PLEDGES \_\_\_\_\_

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 \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Questions? 530.272.6800

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.

Signature: \_\_\_\_\_

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

First	Last
Address	
City	ST Zip
Phone	
Email	
<input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____	

PAID  BILL ME

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PAID  BILL ME

©pre-resources.com

## Pre-Register Today!

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