

SATURDAY, JUNE 6TH

NORTH CASPER ATHLETIC COMPLEX

1700 EAST K STREET CASPER, WY

REGISTRATION 8:00 AM • WALK BEGINS 9:00 AM

IT'S EASY!

- True Care collects the money for you!
- Only a two mile walk – bring the whole family.
- Pancake breakfast served from 8:30 to 10:00 am
- Kids in strollers, wagons or on bikes are welcome!
- Register as an individual or a team.
- Free T-shirt for \$250 in pledges!
- Walk on your own if you can't make it on Walk Day. (Please turn in your pledges before the walk.)
- Kids and adults are encouraged to wear their Super Hero costumes for the walk! We'll have a photo booth and will be taking pictures!

STEP 1: Register online, by mail, or by phone TODAY.

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 to PO Box 2346 Casper, WY 82602). Don't collect any money. We'll handle the billing.

OUR MISSION

True Care Women's Resource Center is a lifeaffirming, Christian organization offering emotional, physical, and spiritual support to women and families facing unplanned pregnancies or post-abortion trauma. It is our goal to erase the perceived need for abortion through effectively serving pregnant, at-risk women and transforming their fears into confidence.

OUR SERVICES

- Pregnancy Testing
- Confirmation of Pregnancy Using Ultrasound
- Limited STD Testing and Treatment
- Education on All Options
- Support for Parenting and Adoption
- Referrals for Community Services
- Abortion Recovery Program
- Abortion Pill Reversal

EVEN MORE SUPER

Register online and create your own Heroes Walk for Life Fundraising page! To do this go to <https://secure.qgiv.com/event/heroeswalk/>

HEROES

Walk for Life



QUESTIONS?

307-472-2810 or TrueCareGiving.net

TRUE CARE WOMEN'S RESOURCE CENTER

Saturday, June 6th

NORTH CASPER ATHLETIC COMPLEX

REGISTRATION 8:00 AM • WALK BEGINS 9:00 AM

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 _____
 Address _____
 City _____
 State, Zip _____
 Phone _____
 Church/Group _____
 Email _____

I am: Adult Teen Child
 Have you walked in a Walk for Life before? Yes No
 I am unable to walk, but will make a donation of \$_____.
 (Please make check payable to True Care Women's Resource Center).
 Please send me _____ additional brochures to distribute
 at work, church or school.

QUESTIONS? 307-472-2810

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge! (\$10 minimum for us to bill, please)

TRUE CARE WOMEN'S RESOURCE CENTER
 1746 S. Poplar Street • Casper, WY 82601
 TrueCareGiving.net

Please print all information clearly. Make check payable to True Care Women's Resource Center

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PRINT CLEARLY PLEASE!

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Walking in the Walk for Life is a potentially hazardous activity. I understand that I should not participate unless I am medically able. I assume all risks associated with walking in this event including, but not limited to falls; contact with other participants; effects of the weather including heat, humidity and cold; conditions of walking surfaces and obstacles on the course; and vehicle traffic; all such risks being known by me. Having read this waiver and knowing these facts, I, for myself, family members, and others entitled to act on my behalf, waive and release True Care Women's Resource Center, (The Caring Center, Inc), their board members, sponsors and their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in the Walk for Life, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I authorize the publication of pictures associated with this event of myself or family members for posting on True Care's website, Facebook pages, newspaper or magazine publication.

Signature _____ Date _____