

2024 Walk for Life Fundraising Form

RAIN OR SHINE, WE WALK FOR LIFE!
 HOSTED BY THE CROSSROADS REGIONAL PARK

Walker's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Under 18
 Email _____
 Church Business or Organization _____



We promise to use your gift where it is needed most - to help moms, babies and families. Oasis Medical Center is a member of the Evangelical Council for Financial Accountability and is a 501 (c)(3) non-profit corporation. All contributions are tax deductible - #64-0853469 to the extent of the law.

For Office Use Only:
 CASH _____ PLG _____
 CHK _____ ONLN _____
 TOTAL _____

I am unable to attend, but will make a donation of \$ _____
 (Please make check payable to Oasis Medical Center).

I release Oasis Medical Center and the Crossroads Regional Park from any liability for this event.

Signature _____

Bring this completed form to the walk.

Parent or Guardian (if under 18)

Don't Forget To Make Your Donation!

Total Raised \$ _____ Amount turned in today: Cash \$ _____ Checks \$ _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____
 AMOUNT \$ _____ ONLINE - PAID CASH - PAID CHECK - PAID BILL ME

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____
 AMOUNT \$ _____ ONLINE - PAID CASH - PAID CHECK - PAID BILL ME

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 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____
 AMOUNT \$ _____ ONLINE - PAID CASH - PAID CHECK - PAID BILL ME

QUESTIONS? CALL 662.287.8001, VISIT OMCWALK.COM OR THE CENTER AT 2421 PROPER ST., CORINTH, MS.

2024 Walk for Life Fundraising Form

RAIN OR SHINE, WE WALK FOR LIFE!
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Walker's Name _____

* Use this form IN ADDITION to the initial Walk for Life form to record more pledges.

Name		
Address		
City	State	Zip
Email		Phone
AMOUNT \$ _____ <input type="checkbox"/> ONLINE - PAID <input type="checkbox"/> CASH - PAID <input type="checkbox"/> CHECK - PAID <input type="checkbox"/> BILL ME		

Name		
Address		
City	State	Zip
Email		Phone
AMOUNT \$ _____ <input type="checkbox"/> ONLINE - PAID <input type="checkbox"/> CASH - PAID <input type="checkbox"/> CHECK - PAID <input type="checkbox"/> BILL ME		

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