

# FUNDRAISING FORM

**MAY 2, 2026**

Crossroads Baptist Church to the ComfortCare Clinic  
5pm Registration | 6:30pm Stride for Life Walk

**PARTICIPANT INFORMATION** *(Please print.)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Church/Group: \_\_\_\_\_

**STRIDE WALKER** *(Attending May 2nd)*  **VIRTUAL STRIDER** *(Walking on my own time)*

I release ComfortCare Women's Health from any liability for this event.  I give CCWH permission to use my image for future promotional materials. \_\_\_\_\_  
*your signature*

**MY GOAL IS:**

- \$250** (T-shirt)
- \$600** (lunch tote + T-shirt)
- \$1,000** (1/4 zip+ lunch tote + T-shirt)
- \$ \_\_\_\_\_

**Skip the paper form. Collect all pledges & donations online! Register at [SupportCC.org](https://SupportCC.org).**

Questions? Call 540-569-9066  
Follow us on Facebook: [Facebook.com/SupportCCWH](https://Facebook.com/SupportCCWH)

FOR OFFICE USE ONLY:			
Env. Total	_____	Total Raised	_____
Bill Me Total	_____	Initial	_____
Online Total	_____		

I believe in the mission of ComfortCare, so I'm sponsoring myself:		Donation information	
NAME: _____		<input type="checkbox"/> CASH	
BILLING ADDRESS, IF DIFFERENT FROM ABOVE		<input type="checkbox"/> CHECK (# _____)	
ADDRESS: _____		<input type="checkbox"/> BILL ME	
CITY: _____	STATE: _____	ZIP: _____	\$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER <input type="checkbox"/> \$ _____

NAME: _____		Donation information	
ADDRESS: _____		<input type="checkbox"/> CASH	
CITY: _____	STATE: _____	ZIP: _____	<input type="checkbox"/> CHECK (# _____)
EMAIL: _____		<input type="checkbox"/> BILL ME	
PHONE: _____			\$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER <input type="checkbox"/> \$ _____

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