

# Walk for Life

Walker's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Walker's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name (Church, Company, or School if applicable): \_\_\_\_\_

Dear \_\_\_\_\_,

On September 24, I will be participating in [Walk for Life](#), benefitting Obria Medical Clinics Gwinnett, and I'm looking for friends and family to sponsor me in this event. Obria Medical Clinics has been serving our community for more than 25 years as the only nonprofit, life-affirming healthcare clinic in Gwinnett County. Their mission is to empower our community to make healthy decisions regarding their reproductive health, their family, and their sexual integrity by providing medical services, foundational education, and material services to women, youth, and families.

To learn more about Obria Medical Clinics, please visit <https://supportomcg.org>.

Each year Obria Medical Clinics touches thousands of patients' lives by offering a scope of services:

- Free pregnancy testing
- Pregnancy decision consultation
- Limited ultrasound
- STD testing and treatment
- Abortion pill rescue
- Well-woman care
- Options counseling
- Community referrals
- Parenting education program
- Post abortion care
- Sexual risk avoidance program

As a nonprofit, accredited women's healthcare clinic, Obria Medical Clinics is dependent on donations from people like us. Would you consider investing in this organization that is investing into the hearts of women and families and empowering them to choose **LIFE**? Together, we can make a difference!

### [You can sponsor me by cash/check or by donating online.](#)

**To sponsor by cash/check:** Complete this form and then mail it directly back to me, along with your donation. Please make your check payable to Obria Medical Clinics.

**To make an online donation:** Visit [supportomcg.org/events/walk-for-life-2022](https://supportomcg.org/events/walk-for-life-2022) and then click on "Support a Walker". Click on "Give", "Select a Walker" and make your donation using a credit card.

Thank you for making a stand for LIFE!

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Amount: \_\_\_\$25 \_\_\_\$50 \_\_\_\$100 \_\_\_\$250 \_\_\_Other: \_\_\_\_\_ Payment Method: \_\_\_Cash \_\_\_Check # \_\_\_\_\_