

# PLATINUM SPONSORS



# GOLD SPONSORS



# SILVER SPONSORS



# BRONZE SPONSORS COPPER SPONSORS



Hope Choice

P.O. Box 50342 • Amarillo, TX, 79106  
(806) 354-2288 • [hopechoice.com](http://hopechoice.com)

# HOPE + CHOICE

Pregnancy Centers and Mentoring Programs

“... Because we loved you so much, we were delighted to share with you not only the gospel of God but our lives as well.”

1Thess. 2:8

Come celebrate & walk with us – September 6, 2025!

We are excited to share that for the fourth year in a row, we will be hosting TWO events simultaneously on Saturday, September 6th at 9:00am! One at our Medi Park Location, 6709 Woodward and the other at our 13|30 building near the WT Campus, 201 26th St. Bring your family and join us for free breakfast, balloons, face painting, games, and MORE!

6709 Woodward, Amarillo AND 201 26th St, Canyon  
Registration starts at 8:30 a.m.  
Walk Starts at 9:00 a.m.

### How to Participate:

- Go paperless and fundraise online - just scan the code below!
- Fundraise by using this form and bring with you on September 6th or Mail to P.O. Box 50342, Amarillo, TX 79159
- Sponsor someone by giving online at [hopechoice.com/donate/](http://hopechoice.com/donate/)
- If you are unable to walk with us on September 6, 2025, for any reason, don't worry. You can still participate by walking with family or friends, send in your walk form, or give online and we will take care of the rest! You do not have to collect money. The money will be collected by Hope Choice.

### Prizes

- FREE T-shirt with \$150 in pledges (an average of 12 sponsors)
- FREE Sweatshirt with \$250 in pledges
- Special Gift for the highest dollar amount



# Walk Participant Information

Form \_\_\_\_ of \_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Team/Church Group \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

*(I release this organization from any liability for this event)*

My Goal is:

- \$150
- \$250
- \$500
- \$1,000

## SPONSOR INFO *Please PRINT all information and indicate the total pledge desired.*

First \_\_\_\_\_ Last \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

\$ \_\_\_\_\_ Payment Attached \$ \_\_\_\_\_ Paid Online \$ \_\_\_\_\_ To be Paid Online/Mailed to Hope Choice

First \_\_\_\_\_ Last \_\_\_\_\_ Address \_\_\_\_\_

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\$ \_\_\_\_\_ Payment Attached \$ \_\_\_\_\_ Paid Online \$ \_\_\_\_\_ To be Paid Online/Mailed to Hope Choice

**TOTAL AMOUNT RAISED ON THIS FORM** \$ \_\_\_\_\_

Total amount to be paid \$ \_\_\_\_\_

**TOTAL AMOUNT RAISED ON ALL MY FORMS** \$ \_\_\_\_\_

Total amount raised online \$ \_\_\_\_\_

Total amount attached to this form \$ \_\_\_\_\_