

PLEASE PRINT THE FOLLOWING INFORMATION:

Total Amount of Pledge: \$ _____

If pro-life MARCH-A-THON participant is under 18 years of age, parent or guardian please sign the following:

"I agree that my child, whose name is printed on this slip, may participate in the January 23, 2012 March for Life MARCH-A-THON.

(print parent name)

(signature)

Catholic Daughters of the Americas
 10 West 71 Street
 New York, NY 10023

212-877-3041

March for Life

Education & Defense Fund
 Box 80300, Washington, DC 20090
 Telephone 202-LIFE-6377

MARCH-A-THON

Reproduce additional copies of the sponsor sheet before writing on it.

Miss Last Name	1 st Initial	PRINT SPONSOR'S LAST NAME <small>See reverse side of this form for instructions to complete this sponsor sheet</small>	(Number, Street, Town, State & Zip Code)	Amount Requested	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

* Check this column for each sponsor's pledge collected, per Instruction No. 5 on reverse side of this form.

TOTAL
 AMOUNT \$
 in words

(name of local pro-life charitable group to receive 50% of the funds you raise per Instruction No. 7 on reverse side of this form)

(city, state) (zip)

(your name)

(your address)

(city, state) (zip)

(Complete all information, and bring this sponsor sheet with you to Washington on Monday, January 23, 2012, for validation.)

This space for
 MARCH-A-THON
 validation