



Life is NOT random.

HIKE 4 LIFE



A Confidential Provider of Prenatal And Maternal Services.

4921 East State Street  
Rockford, IL 61108  
www.rapcc.com



Life is NOT random.



HIKE 4 LIFE

## 17th Annual Hike for Life

Saturday, September 8, 2007

9:30 AM - Registration

Rock River Recreation Path  
Just North of the YMCA

Music & Entertainment  
By Mr. Steve  
"The Master Facilitator of Fun"

CherryVale Mall gift certificates will be given in these categories for the top pledge totals:  
Children (up to 12 years old),  
Teens, Adults and Family (2 or more family members gathering pledges together)

1st Place \$200  
2nd Place \$100

Come rain or shine – it's only a two-mile hike. Bring the entire family.

A free t-shirt with \$125.00 in pledges.

If you can't join the fun on walk day, walk on your own and send in your pledge form.



Support the Rockford Area  
Pregnancy Care Centers  
Change Lives! It couldn't be easier!

**Step 1:** Ask everyone you know to sponsor you. You will be amazed how many friends and associates will say YES.

**Step 2:** Bring your completed pledge form(s) the day of the Hike for Life (or mail it in if you cannot be there).

At the RAPCC, our totally free services include: pregnancy tests, ultrasounds, confidential counseling, educational care groups, referrals, maternity and infant clothing and equipment, post abortion healing and abstinence teaching.

Coming in 2008 - Our Maternity Home.

Thank you 2007 Sponsors!



Physicians  
ImmediateCare®



Dale Lang Agency, Inc.



# Sponsor Pledge Form

For additional information, call 398-6796  
 Donate online @ [www.rapcc.com](http://www.rapcc.com)

## Rockford Area Pregnancy Care Centers Hike for Life

I am unable to walk, but will make a donation of \$ \_\_\_\_\_  
 (Please enclose check payable to RAPCC)

Checks payable to:  
**RAPCC**

Hiker's Name: \_\_\_\_\_ Child \_\_\_\_\_ Teen \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Church: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please include ALL information and print in black or blue ballpoint ink only.

Total amount raised \$ \_\_\_\_\_ **RAPCC will only bill for pledges over \$10.**

Name - First/Last	Address - City - State - Zip	Phone #	Total Pledge of:	(choose one)			Please send quarterly newsletter
				Cash	Check	Bill Me	
(SAMPLE) Tom Jones	12345678 Pennsylvania Avenue, Rockford, IL 61108	XXX-XXX-XXXX	\$25 \$50 \$150 \$250 Other \$ _____	✓			✓
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				
			\$25 \$50 \$150 \$250 Other \$ _____				

**Please print legibly.**