

WALK FOR HOPE

FROM ANYWHERE IN THE WORLD!

TAKING STEPS TO SAVE LIVES & HEARTS



MEDICAL CLINIC

1942 12TH ST., HOOD RIVER, OR 97031

HOPEMEDICALCLINIC.ORG/EVENTS

WALK FOR HOPE PLEDGE FORM | WALKER NAME:

Full Name _____

Address _____

City/State/Zip _____

\$25 \$50 \$75 \$100 \$200 \$500

Cash* Check* Pledge

*If cash or check is not collected and enclosed, please mark pledge.

Full Name _____

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PLEASE MAKE CHECKS PAYABLE TO HOPE MEDICAL CLINIC