



# 2026 SPONSOR PLEDGE FORM

WALK FOR LIFE - CORONA, CA

Walker's Name(s): \_\_\_\_\_

Church/Team Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

My Fundraising Totals: \_\_\_\_\_

Checks Collected: \_\_\_\_\_ Online Collected: \_\_\_\_\_

Cash Collected: \_\_\_\_\_

All donations are tax deductible. Make checks payable to Zoi Medical Clinic.

Our address is: 623 N. Main St. D11 Corona, CA 92878.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Check One:  Check  Cash Amount \$ \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Check One:  Check  Cash Amount \$ \_\_\_\_\_

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