



Dear _____,

I am thrilled to be participating in an event on Sunday, September 20th to benefit The Women's Clinic of Columbus, and I'm asking you to support the clinic by sponsoring me in the 2nd annual 5k "Walk for Life."

The Women's Clinic of Columbus opened in June 2008 to make a difference in our community by providing free and confidential medical, education, and support services to young adults, particularly those experiencing an unexpected pregnancy. Since then, over 1,500 young women have received medical services such as free pregnancy tests and free ultrasounds, while hundreds more have participated in prenatal classes, parenting classes and childbirth classes all the while earning free baby supplies from the clinic's resource store. TWC is a place where girls can come in their time of crisis and find a friend that will help them make the best choices for their lives, their babies and their futures.

TWC relies on the generous support of people like you and me to help minister to young adults. Last year through the inaugural 5k "Walk for Life" walkers raised \$50,000 and I'm proud to join them this year to support the clinic through this event. I hope you will decide to help me reach my goal by sponsoring me in the walk.

The 5k "Walk for Life" will be held Sunday, September 20, so I need you to take a moment right now and complete the enclosed sponsorship form and return it to the clinic, **post-marked no later than Wednesday, September 16**. You can give by check or by bank card using the enclosed form.

Thank you for supporting me – together we can do our part to help save the lives of precious babies and give hope to thousands of women. Don't forget to let me hear from you by Sept. 16th.

Sincerely,

Enclosure

5k Walk for Life

Sunday, September 20, 2009

Benefitting The Women's Clinic of Columbus

Yes! I'm gladly sponsoring _____ as he/she participates in
The Women's Clinic of Columbus' 5k "Walk for Life."

Name _____

Address _____

City, State, ZIP _____

E-mail Address _____

Phone _____

_____ My check is enclosed.

_____ Please charge my gift to my credit card.

To send your gift via credit card, fill in the information below:

[] VISA [] MasterCard [] American Express [] Discover

Card No. _____ Exp. _____

Gift Amount \$ _____

Cardholder Name _____

Billing Address _____

Signature _____

Return to: *The Women's Clinic of Columbus, 3242 E. Main St., Columbus, OH 43213.*

Thank you for your generous gift!