

Celebrate Life 2020 CHARITABLE EVENT

REGISTRATION FORM

Please return this form to LFM by Oct 1st or

Register at the event

Please print all information clearly

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Age Group: 0-5 6-12 13-19 20-35 36-55 56-99

Cost: Although this is not a competition, please remember it is a charitable event. Please consider a personal donation of at least \$25 per individual or family.

- Submitted donation of \$_____ through PayPal
- My goal is to raise \$_____ for the continued ministry of **Lighthouse Pregnancy Center**
- I would like to be a monthly donor for **Lighthouse Pregnancy Center**
- I would like more information on other **LFM Ministries**
- I give Legacy Family Ministries permission to use and/or publish photos submitted from this event.

Signature: _____

PLEASE mail registration to: or Submit by email to lfmgunnison@ymail.com

Legacy Family Ministries
PO Box 7103
Gunnison, CO 81230

and remit registration donation by PayPal

Or

Drop off registration during our hours of Tues. & Thus. 12pm-6pm to:

Lighthouse Pregnancy Center
144 N. Main Street, Suite D
Located on Virginia behind Tango's