



Care Dimensions



Join us Sunday morning
September 30, 2018

Schedule:

8:00 a.m. | Registration
9:00 a.m. | 3-mile walk begins

Location:

St. John's Preparatory School
72 Spring Street, Danvers



CareDimensions



GET READY TO MAKE A DIFFERENCE!

Join the Walk for Hospice and make an immediate and lasting impact on patients and their families traversing life's most challenging journey. You can help enrich and enhance patients' lives; making every moment count. Your support offers caring for the body, mind and spirit. Your gift helps to provide comprehensive grief services to any member of our community. By walking, donating or volunteering; you will make a difference! We hope to see you on September 30th.

Warm Regards, Hospice Walk Co-Chairs

Tracey Armstrong, CEO Copyright Clearance

Charlie Adams, Board of Directors, Care Dimensions

Nancy Palmer, Board of Directors, Care Dimensions

Fran Clements, Volunteer Coordinator, Care Dimensions

WALK

Register online at CareDimensions.org/walk or call 978-223-9787

- ▶ Set your personal fundraising goal
- ▶ Form a team; no team is too small or too large

DONATE

Make a gift in honor or in memory of someone

- ▶ Donate online: CareDimensions.org/walk
- ▶ To sponsor or place tribute ad, call 978-223-9787

VOLUNTEER

Email ARein@caredimensions.org

Join us Thursday, September 13
to kick-off this year's Walk
4 – 7 pm
Care Dimensions
75 Sylvan Street, Danvers
Fabulous Food and Fun for All

CareDimensions.org/walk

Sponsor Sheet

Receive a great incentive prize for raising \$500 or more (one prize per walker)

Sponsor Name	Street	City	State	Zip	Sponsor Amount	Cash/Check
Jane Sponsor	123 Memorial Drive	Danvers	MA	01923	\$25.00	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
<div><div><div>Make checks payable to: Care Dimensions</div><div><div>Suggested minimum sponsor amount: \$25 per person.</div><div>Donations of any size are appreciated.</div></div></div><div><div>Please collect donations in advance and bring them with you on Walk day or mail them with this form to: Care Dimensions Walk for Hospice, 75 Sylvan Street, Suite B-102, Danvers, MA 01923</div></div></div> <div><div>Total Enclosed:</div><div>Online Donations (if applicable):</div><div>Matching Gift Donations (if applicable):</div><div>Total Amount Raised:</div></div> <div><div>\$</div><div>\$</div><div>\$</div><div>\$</div></div> <div><div>Office use only:</div><div>CA: _____</div><div>CHK: _____</div><div>Total: _____</div></div>						

Choose one: I am

☐ A walker

☐ A captain

☐ Donating to support the Walk, a Walker, or a Team

Choose one: I am walking/making a gift

☐ in honor of:

☐ in memory of:

Name:

Street Address:

City:

State:

Zip:

Phone Number: ()

Email:

My team name is:

My team captain is:

I am supporting Walker/Team (name)

WALKERS PLEASE READ: I hereby waive all claims against Care Dimensions, its sponsors or any personnel for injury that I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant permission for organizers to use photo or video of me in legitimate accounts and promotions for this event. Care Dimensions does not necessarily endorse the views of any groups or organizations participating in the WALK. All participants will be added to our mailing list.

Walker's Signature:

☐ under 18

☐ over 18

Parents or legal guardians please sign if walker is under 18 years of age.