



Join us Sunday morning  
**September 29, 2019**

**Schedule:**

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

**Location:**

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



**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. Your support helps many of the underfunded aspects of our comprehensive care such as specialized clinical care, palliative care, complementary therapies, volunteer services, staff and community education and grief support services. By walking, donating or volunteering; you will make a difference! We hope to see you on September 29th.

Warm Regards, Walk for Hospice Leadership

Charles Adams, Board of Directors, Care Dimensions  
Fran Clements, Volunteer Coordinator, Care Dimensions  
Steve Geoffroy, President & CEO, Long Term Pharmacy Solutions  
Christian Hassel, Regional Director, Cataldo Ambulance  
Joanne MacInnis, President, Aberdeen Home Care, Inc  
Scott Muir, Director of Operations, Aberdeen Home Care, Inc

**WALK**

Register online at [CareDimensions.org/walk](http://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](http://CareDimensions.org/walk)
- ▶ To sponsor or place tribute ad, call 978-223-9787

**VOLUNTEER**

Email [ARein@CareDimensions.org](mailto:ARein@CareDimensions.org)



**Why We Walk:  
Swampscott High School Class of 1985**

"I wanted to remember my friend and do something positive in her memory, so I thought, "What better way than the Walk for Hospice?" It would be nice if I could get some of our classmates together to raise money for hospice patients and their families in Debbie's memory. I reached out to Kristin and four other classmates, and they all said yes without hesitation. So with Debbie's family's blessing, the team SHS Class of 85 was created."

[CareDimensions.org/walk](http://CareDimensions.org/walk)

# Sponsor Sheet

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.						
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<b>Make checks payable to:</b> Care Dimensions <ul style="list-style-type: none"> <li>Suggested minimum sponsor amount: \$25 per person.</li> <li>Donations of any size are appreciated.</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<b>Total Enclosed:</b>	\$	Office use only:		
		<b>Online Donations (if applicable):</b>	\$	CA: _____		
		<b>Matching Gift Donations (if applicable):</b>	\$	CHK: _____		
		<b>Total Amount Raised:</b>	\$	Total: _____		

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 photos 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.