

# Sponsor Sheet

**Make checks payable to:** Care Dimensions

- Suggested minimum sponsor amount: \$25 per person.
- Donations of any size are appreciated.

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.						
 <ul style="list-style-type: none"> <li>• Please collect donations and mail them with this form to: Care Dimensions Walk for Hospice, 75 Sylvan Street, Suite B-102, Danvers, MA 01923</li> </ul>					Total Enclosed: \$ _____ Online Donations (if applicable): \$ _____ Matching Gift Donations (if applicable): \$ _____ Total Amount Raised: \$ _____	Office use only: CA: _____ CHK: _____ 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.