

# 2019 ANNUAL EPBHC CHARITY WALK-A-THON

Saturday May 18, 2019

Name: \_\_\_\_\_ Number of Laps Completed: \_\_\_\_\_

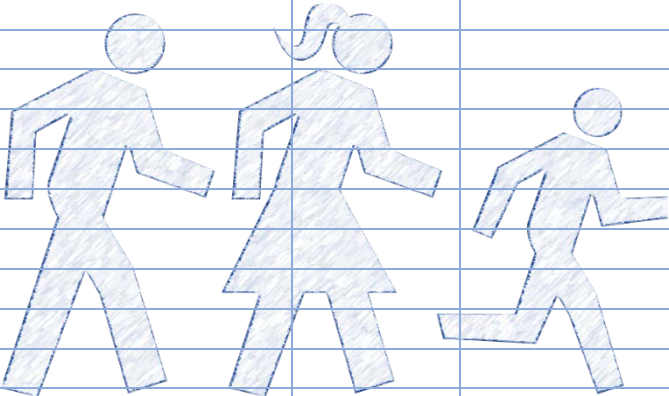
Dear Potential Sponsor,

I am participating in the Edgar P. Benjamin Healthcare Center Walk-A-Thon. All proceeds will help fund programs and services to help low-income seniors and persons with disabilities. You can sponsor me for an amount per lap and can name a maximum amount that you are willing to contribute. After the walk-a-thon, I will return to tell you how many laps I walked and collect your contribution. Make checks payable to Edgar P. Benjamin Healthcare Center. All contributions are tax-deductible.

I plan to walk at least \_\_\_\_laps for Edgar P. Benjamin Healthcare Center

Thank you!

	Name & Signature of Sponsor	Address	Phone	Email	Pledge per Lap	Maximum Pledge	Amount Collected from Sponsor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							



Participants:

To reach our goal, we hope that each participant finds 10 sponsors. Please bring this form to the Registration table on the walk-a-thon day, Saturday, May 18 at Jamaica Pond.