

2016 ANNUAL SUPPORT-A-WALK DONATION FORM

I am walking: My donation: \$ _____

I am unable to attend: My donation: \$ _____

Check enclosed (payable to Support Connection)

Charge my credit card:

VISA MC AMEX

Card #: _____

Card Expiration: _____

Signature: _____

Sorry, no charges the day of the Walk.

Donations from Collection Form: \$ _____

TOTAL ENCLOSED: \$ _____

I am enclosing my company's Matching Gift Form

Forms & donations can be mailed or faxed to

Support Connection,
40 Triangle Center, Suite 100
Yorktown Heights, NY 10598
Fax: (914) 962-1926

Or you may donate online at:
www.supportconnection.org

Additional donations may be collected until October 31, 2016 using the attached collection form.

Questions? Call us: (914) 962-6402



Raise Money for the Walk Online!

- **Get started now! Go to:** www.firstgiving.com/supportconnection/walk2016
- Connect to family, friends and co-workers near & far.
- Create your own page – it's fast & simple!
- Perfect for teams or individuals.
- If you can't attend the Walk, you'll *feel* like you're there with *Firstgiving!*
- Secure donations come directly to Support Connection.
- Questions? Call 914-962-6402.

AWARDS TO THANK OUR DONORS

Ray of Hope Champions

Individuals who turn in \$1000, and Team captains whose TEAM turns in \$2000 total, BEFORE the Walk.

Team Spirit Awards

Awards for top fundraising teams, greatest number of team participants, and most creative team banner.

Ray of Hope Champions and winners of Team Spirit Awards will be recognized at the Walk and thanked on our website.

Please visit www.supportconnection.org for more details

SUPPORT-A-WALK TEE SHIRTS

To receive a Support-A-Walk tee shirt, donate (online, by mail or in person) BEFORE THE DAY OF THE WALK!

- Turn in \$50 in donations BEFORE the day of the Walk. Each additional shirt is \$25 in donations.
- PICK UP TEE SHIRTS AT OUR OFFICE BEFORE THE DAY OF THE WALK.
- We regret that we cannot deliver or reserve tee shirts for pick up at the Walk. Any extra tee shirts will be available at the Walk on a first-come, first-serve basis.



PRE-WALK OFFICE HOURS

Weekdays: 9AM-5PM

Extended Weekdays, Sept. 26 – Sept. 30: 9am – 7pm

Saturday, Sept. 24: 9am – 2pm

YOUR NAME (if donating by credit card, please write name as it appears on card)

STREET ADDRESS (if donating by credit card, please use billing address) **CITY, STATE, ZIP**

EMAIL ADDRESS **PHONE NUMBER** (must include if donating by credit card)

TEAM NAME (IF APPLICABLE) **TEAM CAPTAIN**

Anticipation Waiver and Agreement (unsigned waivers will not be processed)

"For myself and for anyone else I am registering for this event: I hereby attest that I am/we are physically qualified to participate in this Walk. I understand that I/we should not enter and walk unless I am/we are medically able. I/we agree to abide by any decisions of the Walk official relative to my/our ability to safely complete the walk. I/we assume all risks associated with walking in this event including but not limited to: falls, contact with other participants, the effects of the weather, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my/our entry, I for myself and for anyone I have registered, and anyone entitled to act on my/their behalf, waive and release the Taconic Road Runners Club, Support Connection, Inc., FDR State Park, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person(s) named in this waiver. I/we understand that bicycles, skateboards, roller skates or blades and radio headsets are not allowed in the Walk, and will abide by this guideline. I/we grant permissions to all of the foregoing to use any photographs, motion pictures, records, or any other record of this event for any legitimate purpose."

Signature(s) _____ Date _____

Parent or Guardian Signature if under 18 _____ Date _____

THIS FORM MAY BE PHOTOCOPIED

FOR OFFICE USE ONLY

Date Received _____ Total Amt. Received _____ Check Amt. _____ Cash Amt. _____ Credit Card Amt. _____

No. of Registered Walkers _____ Check #(s) _____

IF COLLECTING DONATIONS PLEASE COMPLETE AND SUBMIT COLLECTION FORM (ATTACHED)