**PLEDGE FORM**

**St. Joseph’s Hospital Auxiliary**

**WALK-A-THON**

**Date:** Saturday, September 10, 2016

**Location:** HealthPlex Walking Track
14160 Jamestown Rd., Breese, IL (North of HSHS St. Joseph’s Hospital)

**Check-In:** Registration begins at 9:00 a.m.
If not already submitted, bring Sponsor donations & completed Pledge Form.

**Start Time:** 10:00 a.m.
**Distance:** 1 Mile

**Questions:** Judy Schrage, Director of Volunteers, 526-5351;
Email: Judy.Schrage@hshs.org

**Activities:** Rain or shine - refreshments before & after the Walk-A-Thon, warm-up exercise directed by HealthPlex staff, attendance prizes, gifts for children.

**Parking:** Participants will be directed to designated parking areas. Carpool if possible.

**Tips for Raising Money:**
- Start by sponsoring yourself: $12
- Ask family, friends, neighbors & co-workers to sponsor you with a single donation: $10/each. Please collect money in advance.
- Ask your sponsors if their employer provides matching company donations.
- If so, ask them to get the necessary paperwork.
- Where possible, ask for donations in the form of a check. Cancelled checks will serve as receipts.

**Registration Form**

(Form also available at the hospital web site: www.stjoebreese.com)

**Your Name:**

**Team Name:**

**Address:**

**Phone:** ______________________ **E-mail:** ______________________

#Attending: Adults: ________ Children: ________

____ I want to walk. Enclosed is: $______$ (No Credit Cards Please)

____ I cannot participate but please accept my donation: $______$ (See reverse side of form.)

____ I want to help on Walk-A-Thon day.

**T-Shirts:** All registered participants will receive a t-shirt the day of the Walk-A-Thon (size guaranteed only if registering by 6/19/16).

List quantities per size:

<table>
<thead>
<tr>
<th>Youth</th>
<th>Adult</th>
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<tbody>
<tr>
<td>YXS(2/4)</td>
<td>S</td>
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<tr>
<td>YM(10/12)</td>
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**Waiver:** In consideration of me and/or my minor child/ren/relative(s) being permitted to participate in the Walk-A-Thon, I hereby-for myself, my heirs and personal representatives-assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue HSHS St. Joseph’s Hospital Breese, St. Joseph’s Hospital Auxiliary, their officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child/ren/relative(s) as a result of taking part in the event and any related activities. I also authorize St. Joseph’s Hospital Auxiliary to use any photo, film or videotape taken of me or my minor child/ren/relative(s) at the event for any purpose and without remuneration.

**Signature**

(11/16) (Parent or Legal Guardian where applicable): __________________________

**Date** __________________________

Please make checks payable to: St. Joseph’s Hospital Auxiliary “Lights for Scholarship”

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Please detach and mail this form to: St. Joseph’s Hospital Auxiliary 9516 Holy Cross Lane, PO Box 99, Breese, IL 62230
This project is used to provide scholarships to deserving students from Clinton County who are pursuing a medical occupation and have been accepted into a medical program.

The money for these scholarships comes from a fundraiser that St. Joseph’s Hospital Auxiliary conducts through a mailing beginning in late October and continuing through the new year.

Funds are also used from donations made in memory of a deceased friend or relative or in honor of a special occasion such as anniversary, birthday, etc. The Auxiliary sends a card to the family recognizing the donation and a thank-you to the donor for their generosity.

At the Auxiliary Annual Meeting in June, Grants-in-Aid are presented to deserving students.

Even if you will not be participating in the Walk-A-Thon, please consider making a donation to this worthy cause to help students reach their goals.

Thank you for your donation of $____________________________
Donation made in memory of:______________________________

Please fill out the space below with the proper information so your gift can be acknowledged.

______________________________________________
Donor Name

______________________________________________
Address

______________________________________________
City, State, Zip Code

(Enclose donation with this form and send to
St. Joseph’s Hospital Auxiliary,
9515 Holy Cross Lane, Box 99, Breese, IL 62230)

It takes a long time
to get used to the loss of someone we love
But it’s important to remember
that when people die,
They leave something very special behind - - -

They leave us memories
of many things said and done.
And as long as we have those memories,
The people we love will live on in our hearts & minds.

It is with these many memories in mind
That a donation has been made to the
St. Joseph’s Hospital Auxiliary
“Lights for Scholarship” fund.

Walk-A-Thon

In Support of the
“Lights for Scholarship”
Fund
Auxiliary of St. Joseph’s Hospital Breese

St. Joseph’s Hospital Auxiliary
WALK-A-THON
to benefit
“Lights for Scholarship”

Saturday
September 10, 2016
10:00 a.m.

Make a donation in loving memory
Or in honor of a friend or relative

www.stjoebreese.com