



Lowell General Hospital
TeamWalk
 FOR CANCERCARE

Sunday, May 22, 2016

Tsongas Center at UMass Lowell

2016 Elite Sponsors



JEANNE D'ARC
CREDIT UNION



The walk starts and finishes at the Tsongas Center at UMass Lowell in historic downtown Lowell.

2016 Champion Sponsor



2016 Honorary Co-chair
 Matt Noyes, Meteorologist
 NECN



2016 Honorary Co-chair
 Lori Grande, "JW & Lori in the Morning"
 Co-host WKLB, Country 102.5

- 7:30 am Registration/Donation Drop Off, Incentive Pick Up and Free Team Photos
- 8:45 am Opening Ceremonies
- 9:00 am 6.2 Mile Walk Begins
- 10:00 am 3 Mile Walk Begins
- 11:45 am Closing Ceremonies

RAIN OR SHINE! | www.teamwalk.org | 978-937-6434 |



SPONSORSHIP FORM

SPONSOR NAME	MAILING ADDRESS	EMAIL	AMOUNT
1 Jane Sponsor	295 Varnum Ave, Lowell, MA 01854	jsponsor@provider.com	\$25.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Registration Fee Register online by April 25 to get your name listed in the Tribute Book and receive a TeamWalk Gift (only eligible to paid online registrants).			\$25.00
<small>Registration fee is waived for walkers under age 18. Make checks payable to TeamWalk for CancerCare. Please collect all donations prior to the walk and bring to Lowell General Hospital on May 20 or 21 or to the walk. For more information, visit www.teamwalk.org</small>			GRAND TOTAL:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Date of Birth _____ ☐ Male ☐ FemaleTeam Name _____ ☐ I am a Team Captain ☐ I am a Walker

I am walking in honor/memory of _____

WAIVER: In consideration of the acceptance of my entry to participate in TeamWalk 2016, I and on behalf of my heirs, executors and assigns, hereby release and hold harmless Lowell General Hospital, its employees, officers, and agents, and all participating sponsors, workers and volunteers from and against any and all liability, loss, expense (including reasonable attorneys fees) or claims for injury or damages arising from my participation therein. I understand the risks associated with this event. I attest that I am physically fit to participate and agree to abide by all the rules for my participation. I further grant permission to Lowell General Hospital and its authorized agents to use my name and any photographs, videotapes, motion pictures, recordings or other record of my participation in this event in any broadcast or account of TeamWalk 2016.

Signature of Walker _____

Parent/guardian (if walker is under 18) _____

IGNITE HOPE, INSPIRE COURAGE, JOIN TEAMWALK

Each participant walks for a different reason, united by hope and inspired to make a difference. For more information, please visit www.teamwalk.org.

WALK!

Join as an individual or put a team together – big or small – and get ready for the experience of a lifetime!

VOLUNTEER!

Volunteering at TeamWalk is fun and rewarding.

SPONSOR OR DONATE!

Be a corporate sponsor or donate online in support of an individual or team.

WEBSITE REGISTRATION

To register online, visit www.teamwalk.org. After registering, you can personalize your individual or team's page, email updates to friends and family, ask for donations, send thank you messages and more! Register online by April 25 to get your name listed in the Tribute Book and receive a TeamWalk Gift (only eligible to paid online registrants).

DONATION DROP OFF/ INCENTIVE PICK UP

To avoid the rush on walk day, stop by the Clark Auditorium at Lowell General's main campus (Conference Center Entrance) and drop off your donations or pick up your incentives on:

Friday, May 20
2:00 pm – 7:00 pm

Saturday, May 21
9:00 am – 12:00 pm

THE CLOTHESLINE OF LOVE

Donate your special team shirt to this heartwarming display. Drop off your team shirt in advance or call 978-937-6434 for more information.

INCENTIVE PRIZES

RAISE:

\$100
\$250
\$500
\$1,000
\$5,000

RECEIVE:

T-shirt
Keep it Cool Towel
Portable Power Bank
Folding Golf Umbrella
Ogio Pulley Cooler Bag

Thank you to the 2014 TeamWalk for CancerCare Sponsors!

2016 Leader Sponsors



Dr. Lija Joseph and
Dr. Jacob Joseph



Dr. Mark Gilchrist



Riverside Primary Care
Specialist, Inc.

TeamWalk for CancerCare improves the quality of life for someone receiving cancer treatment. It is available to help here and now. This is the difference between TeamWalk and walks that benefit and support research efforts. TeamWalk is not about finding a cure; it is about finding the hope, courage and strength to continue living as a survivor.

TeamWalk funds make a difference in the lives of today's cancer patients by paying for medications, nutritional supplements, wigs and prostheses, support groups, skilled nursing visits, transportation, mini-grants and supportive services to patients of all cancer types.



Tribute Book

In celebration of TeamWalk for CancerCare, we are putting together a special Tribute Book. This publication will give you the opportunity to pay tribute to a loved one, a friend or a walking team with your message of faith, encouragement, hope, love or remembrance.

The Tribute Book will be distributed at TeamWalk and all contributors will receive a copy.

☐ **FULL PAGE AD** (7.5 x 10") **\$500**

☐ **HALF PAGE AD** (7.5 x 4.75") **\$300**

☐ **QUARTER PAGE AD** (3.5 x 4.75") **\$200**

☐ **EIGHTH PAGE AD** (3.5 x 2.125") **\$100**

☐ **LISTING ~ 1 LINE** **\$50**

Questions? Contact TeamWalk for CancerCare by calling 978-937-6434 or by sending an email to andrea.jackson@lowellgeneral.org

**The deadline for submission is
April 25, 2016.**

Tribute Book Instructions

Once you decide on a tribute level, complete this form below and submit it with your tribute and payment to TeamWalk for CancerCare.

☐ **Artwork** Please email your tribute ad to andrea.jackson@lowellgeneral.org as a print-ready PDF file (logos may be sent in PDF or EPS formats).

☐ **Message** Please print a personal message based on your chosen ad size:

We reserve the right to edit any tribute message that extends beyond the publication's size/word count.

☐ Check (payable to TeamWalk for CancerCare)

☐ Credit Card (circle): Visa MasterCard Discover AMEX

Card number _____

Name on card _____

Signature _____

Expiration _____ Phone _____

Please mail completed form with payment to:

Lowell General Hospital c/o Philanthropy Office
295 Varnum Avenue
Lowell MA 01854-2193