

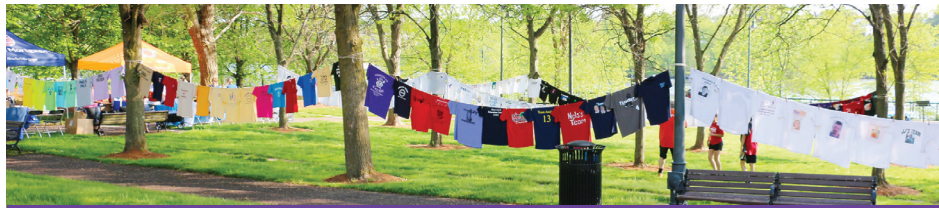
Thank you to the 2024 TeamWalk for CancerCare Sponsors!

2024 Leader Sponsors



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 increasing access to cancer care in many ways, including 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.



The Clothesline of Love

Donate your special team shirt to this heartwarming display. To drop off your team shirt in advance or for more information, call **978.788.7170**.

| If you raise | Your TeamWalk gift will be: |
|--------------|-----------------------------|
| \$25* | T-shirt |
| \$250 | \$10 Gift Card & T-shirt |
| \$500 | \$25 Gift Card & T-shirt |
| \$1,000 | \$50 Gift Card & T-shirt |
| \$5,000 | \$100 Gift Card & T-shirt |

***In honor of our 25th anniversary, every \$25 paid registrant is eligible for a T-shirt!** Please note t-shirts can only be picked up inside the Tsongas Center during TeamWalk Registration. *Quantities and sizes are limited*

Donation drop off/incentive pick up

Please bring all donations or pick up incentives inside the lobby at the Tsongas Center the morning of the walk. If you need to make prior arrangements, please email andrea.jackson@tuftsmc.org.

Website registration

To register online, visit 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!

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



TeamWalk for CancerCare
Philanthropy
Lowell General Hospital
295 Varnum Avenue
Lowell, MA 01854-2193



May 19, 2024

Tsongas Center
Free parking at Ayotte Garage adjacent to Tsongas Center

Rain or shine!

- 8:00 am**
Registration/donation drop-off, Incentive pick-up and free team photos
- 9:30 am**
Opening ceremonies
- 9:45 am**
3 mile walk begins
- 10:30 am – 12:00 pm**
Refreshment tent open
- 11:30 am**
Closing ceremonies



Sunday, May 19, 2024 • Tsongas Center
Give a Little Bit

2024 Presenting Sponsor



2024 Elite Sponsors



2024 Champion Sponsors



teamwalk.org | 978.788.7170

Sponsorship Form

| Sponsor name | | Mailing address | Email | Amount |
|-------------------------|--------------|----------------------------------|-----------------------|----------------|
| 1 | Jane Sponsor | 295 Varnum Ave, Lowell, MA 01854 | jsponsor@provider.com | \$25.00 |
| 2 | | | | |
| 3 | | | | |
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| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| Registration Fee | | | | \$25.00 |

Grand total:

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 Registration inside the lobby of the Tsongas Center on the morning of the walk. For more information, visit teamwalk.org.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Date of Birth _____

Team Name _____

I am walking in honor/memory of _____

Waiver: In consideration of the acceptance of my entry to participate in TeamWalk 2024, 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 2024.

Signature of Walker _____

Parent/guardian (if walker is under 18) _____