



Calling All Clients!

Are you a client of Cancer Services? If so, registration is only 5 bucks! Rally your friends and start collecting!

Captain: _____

Crew: _____ **Phone:** _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____



local.dependable.
 compassionate.encouraging.
 reliable.committed.
 respectful.trustworthy.
 empathetic.empowering.

Cancer Services of Grant County has been serving local cancer patients for 50 years! All services are free of cost, including prescription and gas assistance, transportation, home health care equipment and supplies, mastectomy prosthetics, hats and wigs, nutritional supplements, financial counseling, educational materials, and bereavement support. By supporting fundraisers for Cancer Services, your money is being used to help people locally who are battling cancer.

Thank you for your support. Keep it local!

Register, volunteer, or donate today!

[Cancer Services of Grant County](http://www.grantcountycancer.org)

305 S. Norton Avenue Marion, IN 46952

(765) 664-6815

www.grantcountycancer.org

Thanks to the 2010 CSGC Sponsors!

We're In This Together
 Recognizing ALL cancers and Survivors!

walk
 of



Walk will begin
 downtown at
 Mutual Federal
 Savings Bank!

5:00 pm Prewalk Festivities

6:30 pm Walk Starts

Closing ceremony &

balloon liftoff after walk

Corporate Sponsor:



STAR

Bank • Insurance • Private Advisory

WALK OF HOPE– May 7, 2010

Registration fee: \$20.00 per walker or **only** \$5.00 for cancer clients

CONTACT INFORMATION: (one form per walker)

Walker: _____
 Address: _____
 Phone: _____
 Email: _____

Are you a survivor? Yes No

If yes what type: _____

Would you like to volunteer for the walk?

Yes No

TSHIRTS: FREE with paid registration

To guarantee shirt size please register by:
Friday April 23rd

SIZE: S M L XL XXL XXXL
 (circle one) XXL & XXXL-add \$3.00

DONATION PLEDGE LOG Help our event to be a **huge success!** Be sure to have all pledges turned in by walk time!

Donor Name	Address/Phone	Email	Pledge \$
1.			
2.			
3.			
4.			
5.			
6.			
7.			
You can't make the walk ? But, you would like to make a donation? GREAT!	\$20 \$50 \$100 other (circle one)		Pledges Due: \$ _____ Donation Amount: \$ _____
All donations need to be turned in on or before <u>May 7,2010</u>			Total Due: \$ _____

Waiver: Cancer Services of Grant County is not liable for any injuries or property damage sustained during the walk. Your signature on the entry form signifies that you have read and understand this waiver.

X _____

(signature– Parent if under the age of 18)

(Date)

Return entry forms to 305 S. Norton Ave Marion, IN 46952 For more information call (765) 664-6815 or www.grantcountycancer.org