# Saturday, December 2nd - Walk to support Hospice

Non-Profit U.S. Postage PAID Greenwood, SC 29649 Permit No. 472

Keep the care going, walk to raise money for HospiceCare of the Piedmont. Remember loved ones no longer with us and honor all Hospice patients.

Our 5K walk (3.1 miles) takes you from First Baptist Church through surrounding scenic residential areas... or try the one-mile fun walk.

## Registration

Prior to November 2nd:

\$25 - Age 13 and over \$10 - Age 6-12 FREE - Age 5 and under After November 2nd:

\$35 - Age 13 and over \$15 - Age 6-12 FREE - Age 5 and under

RAISE	RECEIVE			
> \$500	T-shirt, Santa hat, memory ribbons, Santa Stroll 16 oz Tervis Tumbler, PLUS 4" x 8" brick in the Hospice House Courtyard			
\$200 - \$499	T-shirt, Santa hat, memory ribbons, PLUS Santa Stroll 16 oz Tervis Tumbler			
\$25 - \$199	99 Hospice Walk T-shirt, Santa ha and memory ribbons			

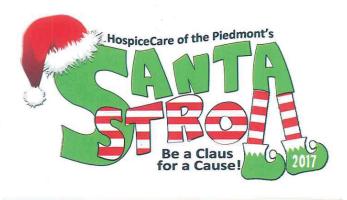
Registration fees count toward your total amount raised.

### **Wreath of Memories**

Registered walkers will receive two colored ribbons in memory or honor of your loved one - one to wear at the walk, and the other to tie onto the wreath. The memory ribbons will be red and the honor ribbons will be green to represent your loved one.



NEW THIS YEAR: Best costume wins a prize!



Saturday, December 2, 2017

FIRST BAPTIST CHURCH GREENWOOD

Registration & Check-in 8:00am Walk 9:00am

Santa hats provided!

Thank you for supporting HospiceCare!

HospiceCare of the Piedmont is dedicated to providing exceptional end of life care to all who need it.

The funds raised benefit
HospiceCare of the Piedmont patients and families.

408 West Alexander Avenue | Greenwood, SC 29646 864.227.9393 or hospicepiedmont.org

## DONATION FORM

#### Receive a Santa Stroll 16 oz Tervis Tumbler when you raise \$200 or more!

WALKER'S NAME	DAYTIME PHONE	E-MAIL ADDRESS	
HOME ADDRESS	CITY	Y STATE	ZIP

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John & Jane Smith	123 Main Street, Greenwood, SC 29649	\$50	X
			[]
			[]
MIL			[]
Family			[]
The state of the s			[]
	RI-101		[]
		1.79	[]
			[]
			[]

Company matching donation (please include all necessary forms/paperwork)

**TOTAL \$** 

Please make checks payable to
HospiceCare of the Piedmont.
We are your non-profit, community hospice.
Thank you for your donation!

SPONSOR'S NAME AND COMPLETE ADDRESS

Donations to the Santa Stroll are tax deductible to the fullest extent provided by law. Receipts available upon request.

# **REGISTRATION FORM**

Please fill out and mail
ONE REGISTRATION FORM
PER PARTICIPANT!



DONATION COLLECTED

The day of the walk, bring your donation form (left), along with donations collected.

YOUR NAME						
HOME ADDRES	SS					
CITY		S	TATE	ZI	P	
PHONE		E-MAIL ADDRESS				
*T-Shirt Size:	YL	S	М	L	XL	XX-L

\*T-Shirt guaranteed to entries received prior to November 2nd.

	Prior to November 2nd*	After November 2nd
Age 13 and over	\$25	\$35
Age 6-12	\$10	\$15
Age 5 and under	FREE	FREE

#### I am unable to walk, but would like to:

[] volunteer [] make a donation of \$\_\_\_\_\_

HospiceCare of the Piedmont C/O Santa Stroll 408 West Alexander Avenue Greenwood, SC 29646

I hereby waive all claims against HospiceCare of the Piedmont and its affiliates, the sponsors of the Santa Stroll, volunteers and staff members of Hospice for any injury I (or my child) might suffer during the Santa Stroll. I grant full permission to HospiceCare of the Piedmont to use photographs of me (and my child) for promotional purposes.