

Give Cancer the Boot ...



Saturday, Oct. 12, 2019
Registration 9 a.m.
Walk 10 a.m.

The Market House
 423 McKean Ave., Charleroi, PA

Thank You to Our Top Sponsors



Made possible through the Allridge and Bartolotta Families



... Walk with us!

Putting your health first.
The Monongahela Valley Hospital
 Foundation
 MVH HEALTH CARE
 1163 Country Club Road
 Monongahela, PA 15063
 Return Service Requested



MVH/Lois Orange Ducoeur Breast Cancer Walk **Optional Peer-to-Peer Fundraising Form**

Participant Name: _____ **Team Name (if applicable):** _____

Instructions: Use this form to ask your family, friends, neighbors and co-workers to support your fundraising efforts for our event. If needed, attach additional names. You may also print this pledge form from themvhfoundation.org and return by Nov. 1, 2019.

#	Donor Name	Email	Mailing Address	\$ Amount Donated
1				
2				
3				
4				
5				

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Join us in the **FIGHT** against Breast Cancer!

This fun walk and celebration supports the prevention, early detection and treatment of breast cancer in our community. Participants can look forward to a fun morning filled with entertainment including a DJ, refreshments, auction, lamppost ribbon sales to honor or memorialize a loved one, community vendors, the opportunity to purchase pink promotional items and of course, the walk through downtown Charleroi that begins with participants waving their pink power towels.

Saturday, October 12

- 9 a.m.** Registration, refreshments, entertainment, vendors, auction and more!
- 9:45 a.m.** Opening Ceremony
- 10 a.m.** Pink Power Towel Wave Walk begins
- 11:45 a.m.** Entertainment continues, Best Attire Awards given and auction winners announced



Register online at
<http://bit.ly/mvhbcw19>.

Ways to Participate

Walk with us!

Join us on walk day — Saturday, October 12. All ages are welcome. You may even bring your canine friend. Registration can be done by completing the attached form and mailing it to the address below or by bringing it the morning of the walk. Also, online registration is available by visiting <http://bit.ly/mvhbcw19>. To register, there is a suggested minimum \$12 donation for anyone over the age of 7. The first 250 walkers donating any amount will receive a goody bag and pink power towel. The first 250 walkers donating or raising a minimum of \$25 will also receive a commemorative gift.

Fundraise with us!

Become an advocate for the walk by asking your family, friends and co-workers to make a donation on your behalf to support the prevention, early detection and treatment of breast cancer. You can form a team or join a team to support the walk. Find the peer-to-peer fundraising page on the registration form or visit our website for more ideas on how to raise donations. Ask for a donation, have a dress-down day at work, host an event, fund raise using social media — there are so many ways to raise money for this cause.

Lamppost Ribbons!

Pink Lamppost Ribbons will be displayed on the lampposts along the walk route bearing your loved one's name. The ribbons may be purchased prior to or at the event for \$5 each.

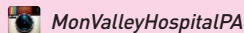
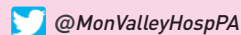
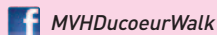
Basket Auction!

We have an amazing Basket Auction at the walk. To donate a basket, item or gift certificate for the auction, please contact us.

724-258-1855

www.themvhfoundation.org

MMarion@monvalleyhospital.com



#MonValleyGoesPink

Registration Form

Mail this completed form to the address below,
bring completed form to walk registration
or register online at bit.ly/mvhbcw19.

Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Team Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

How did you find out about this year's walk?

In consideration of my submission of this entry form, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and causes of action I have or may have against any person or entity associated with this walk, including, but not limited to, The MVH Foundation or any of its affiliates, agents, employees, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the walk and any pre- and post-event activities (including, but not limited to personal injuries suffered or caused as a result of my participation). I attest and verify that I am physically fit and have sufficiently trained for the completion of the walk. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Signature _____

Signature of parent or guardian, if under age 18

Check here if you are a breast cancer survivor.

Walker Donation: \$25 includes commemorative gift

\$12 donation Other _____

Lamppost Ribbons _____ Ribbons at \$5 each

In Honor of: _____

In Memory of: _____

(attach additional ribbon names if necessary)

I cannot participate but would like to donate \$ _____

Total from Peer-to-Peer Fundraising (see reverse) \$ _____

Total Enclosed \$ _____

Mail to:

Monongahela Valley Hospital Foundation
1163 Country Club Road
Monongahela, PA 15063

Please make checks payable to:
MVH Foundation

Monongahela Valley Hospital Foundation is a non-profit organizations, designated as 501 (c) (3) corporation by the Internal Revenue Service. All contributions made to this organizations are tax deductible to the fullest extent of the law. Our federal tax I.D. # is 82-5336533.