



DON MONTI MEMORIAL RESEARCH FOUNDATION

5k Faith, Hope & Love Walk

SATURDAY, JUNE 4, 2011

Individual walker registration includes Don Monti Memorial Research Foundation bracelet and brunch

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

- I wish to register:
adult(s) at \$25/person
teenager(s) at \$10/person (community service hours available)
child(ren) under 12/free

Table with 2 columns: NAME OF WALKER, AGE. Rows 1-6.

(if needed, please list any additional walker names and ages on the back of this sheet)

I am unable to participate, but please accept my donation of \$ _____

IN MEMORY OF: _____

IN HONOR OF: _____

Please send an acknowledgement to:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Sponsorship Opportunities:

All Sponsorships include name prominently displayed throughout the event, on our website and listed on our event T-shirt

- 1/4 MILE MARKER - \$500
FAITH - \$1,000
HOPE - \$3,000
LOVE - \$5,000

PLEASE LIST HOW YOU WOULD LIKE YOUR NAME TO APPEAR:

(must receive sponsorship information by May 1, 2011 for name to be included)

Long Island University - C.W. Post Campus
720 Northern Blvd • Brookville, New York

- 9-10 AM Registration/Check-in
10 AM Opening Ceremony
10:15 AM Walk route begins
Brunch immediately following

Individual walkers who raise \$100 receive a free Don Monti Foundation T-shirt

Individual walkers who raise \$150 receive a free Don Monti Foundation T-shirt and water bottle

Individual walkers who raise \$200 receive a free Don Monti Foundation T-shirt, water bottle and drawstring sports bag

Grand Prizes are awarded to the 3 walkers who raise the most money!!

Please return registration by May 15th to:
Don Monti Memorial Research Foundation
One Bungtown Road
Cold Spring Harbor, NY 11724

I acknowledge that I am able to walk of my own accord, and agree to hold harmless Long Island University and the Don Monti Memorial Research Foundation for any injuries I may sustain.

SIGNED _____ DATE _____

My check is enclosed, payable to: Don Monti Memorial Research Foundation, in the amount of \$ _____

or charge my credit card: Visa MasterCard AmEx

NAME AS IT APPEARS ON CARD:

ACCT # _____

EXPIRES _____ VERIFICATION CODE _____

All donations are tax deductible to the full extent of the law

For further information please call (516)367-5036

www.donmontifoundation.org