### 23rd Annual Run and Fun Walk for Hospice Registration Form

#### Saturday, April 14, 2018 at 8:30 a.m. Rain or Shine

Register online at **www.runforhospice.org** 

#### (Please PRINT)

| Name:   |   |  |   |  |  |  |
|---|---|--|---|--|--|--|
| E-mail:   |   |  |   |  |  |  |
|   |   |  |   |  |  |  |
| Address:  |   |  |   |  |  |  |
| City:   | St:_  |  | _Zip:   |  |  |  |
| Sex: M  |   | F  |   |  |  |  |
|   |   |  | _, Y-M, Y-L, Y-XL<br>ved before 3/26/2016   |  |  |  |
| Age on Race Day   | <b>/</b> :  |  |   |  |  |  |
| Event: 5  | K Walk  | ;  | 5K Run  |  |  |  |
| 1   | OK Run  |  | Volunteer   |  |  |  |
| I will be participat  | ing as part of  | a team.  |   |  |  |  |
| Team Name:  |   | · · · · · · · · · · · · · · · · · · ·                      |   |  |  |  |
| Defender's C  | Cup   | Fretwell   | Trophy  |  |  |  |
| I will be participating in the memory of a loved one.                               |   |  |   |  |  |  |
| Name: (optional)  |   |  |   |  |  |  |
| Please note: This name www.runforhospice.org v                                      |   | rt of our virtu  | al memory wall on the   |  |  |  |
| hazardous activity. myself and anyone er St. Mary's, The Town all other organizatio | I assume all risk<br>ntitled to act on m<br>of Leonardtown,<br>ns or agencies<br>and all claims o | with partic<br>by behalf, wa<br>all event org<br>involved, | or fun walk is a potentially cipating in this event. I, fo aive and release Hospice o ganizers and sponsors, and their representatives and f any kind arising out of my |  |  |  |
| Signature - Requi   |   | narent or ou   | ardian)   |  |  |  |
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#### **Event Fees:**

(Children 6 & Under Free) 5K Fun Walk – 5K Run – 10K Run

#### **Pre-Registration**

\$30.00

@ www.runforhospice.org

|   |  | •       |  |  |  |  |
|---|--|---------|--|--|--|--|
|   | Pre registration by mail                 | \$30.00 |  |  |  |  |
|   | Military (and dependents)<br>\$25.00     |         |  |  |  |  |
|   | Race Day                                 |         |  |  |  |  |
|   | Race Day Registration                    | \$40.00 |  |  |  |  |
| - | Fee:                                     |         |  |  |  |  |
|   | Additional Donation:                     |         |  |  |  |  |
|   | TOTAL ENCLOSED:                          |         |  |  |  |  |
|   | Payment Choice:                          |         |  |  |  |  |
|   | Check (Payable to Hospice of St. Mary's) |         |  |  |  |  |
|   | Credit Card (MasterCard/Visa/AMEX)       |         |  |  |  |  |
|   | MasterCard VISA AME                      | X       |  |  |  |  |
|   | Card #:                                  |         |  |  |  |  |
|   | Expiration Date:                         |         |  |  |  |  |
|   | VCODE:                                   |         |  |  |  |  |
|   | Billing Address:                         |         |  |  |  |  |
|   | Billing Zip Code:                        |         |  |  |  |  |
| , | Signature:                               |         |  |  |  |  |
|   | I .                                      |         |  |  |  |  |

Please make your check payable to:

## Hospice of St. Mary's

Mail Check and Registration to: Run & Fun Walk for Hospice P.O. Box 625 Leonardtown, Maryland 20650



# 23rd Annual Run and Fun Walk for Hospice Pledge Form

If you prefer, you may now collect pledges for your participation in the Run and Fun Walk to benefit Hospice. By getting friends, neighbors, relatives, and co-workers to sponsor your participation, you can help elevate awareness of the Hospice mission within the community while raising money for Hospice of St. Mary's.

Please make all checks payable to: "Hospice of St. Mary's"

## \*All checks are due the morning of Saturday, April 14, 2018 \*Pledge totals must exceed \$30.00

| Name     | Address                               | Phone        | Donation |
|----------|---------------------------------------|--------------|----------|
| Jane Doe | 12345 Community Court, Lexington Park | 555-555-5555 | \$10.00  |
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#### **HOSPICE OF ST. MARY'S**

## Statement of Purpose

Hospice of St. Mary's has provided a special kind of caring to terminally ill patients, their families and our community since 1982. Hospice patients are cared for at home or wherever they reside (a nursing home or an assisted living facility) by an interdisciplinary team made up of doctors, nurses, counselors, social workers, family members and community volunteers. Medical treatment continues, but it focuses on controlling pain and relieving symptoms. Working together with the family, the team is able to assure each patient the maximum quality of life. Patients qualify for Hospice of St. Mary's services regardless of age, race, gender, religion, creed, sexual orientation, national origin or ability to pay.

Every effort is made to meet the spiritual, emotional, social and physical needs of each patient and his or her family, as well as the needs of the community at large. During the past two years, Hospice of St. Mary's has been honored to serve over 400 patients.

Hospice of St. Mary's operating funds are generated through insurance reimbursements and through financial contributions from individuals and community organizations. Community funding is integral to our operation, covering costs not met by insurance reimbursements.

Our local funding is met through various means. A fundraising Board of Directors, along with numerous volunteers, executes several mail solicitations and special events during the year to raise funds. In addition, Hospice of St. Mary's is a United Way Agency and participates in the Maryland State Charity Campaign.

A large portion of our funding is received from individual donations as well as community based organizations. Hospice of St. Mary's is respected and beloved within our community, and we strive to fulfill our mission to provide care and comfort to terminally ill patients and their families, and bereavement support to those families and to the community.

We believe that the same care and concern for the personal comfort and well-being of the patient, and his or her loved ones that is shown at the beginning of life should also be present at its ending.