



Miami Country Day School's

WALK THE WALK

Saturday, October 12, 2019

5K Walk through Miami Shores - 100% of proceeds benefit The Heidi Hewes Chapter of The University of Miami WCA & The Sylvester Comprehensive Cancer Center

SPONSORSHIP OPPORTUNITIES



\$150

Family Name on Back of Walk t-shirt

\$300

Family or Business Name with Logo on Back of Walk t-shirt

Please provide the following information: **DEADLINE for printing, Monday, September 23, 2019**

Name: *(please print)* _____

Address: _____

Telephone # _____ Email: _____

Name as it is to appear on t-shirt _____
(please print)

Logo: Please email a JPEG of your Logo to greenfieldm@miamicountryday.org

Methods of payment available:

Credit Card: Information on back

Check/Cash: Amount of Check/Cash: \$ _____

Please make **checks payable to MCDS Walk the Walk.**

Return flyer with payment to your child's teacher/advisor, attention Marilyn Greenfield or bring in to the Philanthropy Office in Sommers Hall

Information and Payment MUST be received by Monday, September 23rd, 2019

Miami Country Day School

Walk the Walk Information: Saturday, October 12th, 2019

8:00 a.m. Registration begins at Miami Country Day School (Athletic Field)

(*\$25 early bird special for the Walk, \$30 day of walk)

8:30 a.m. *Pantene Beautiful Lengths

9:00 a.m. 5K Walk through Miami Shores

To Register on line visit MCDSwalk2019.bpt.me

**100% of the proceeds benefit The Heidi Hewes Chapter of The University of Miami Woman's Cancer Association
& The Sylvester Comprehensive Cancer Center**

***Early Bird Special for the Walk ends Friday, October 4th, 2019**

*Pantene Beautiful Lengths is a partnership between Pantene® and the American Cancer Society®. The role of Pantene is to help women grow long, strong, beautiful hair and provide the funds to turn this hair into free, real-hair wigs for women with cancer. To us, it's hair, but to women with cancer, it's hope!

Student Chairs: Hanna Cohen & Gaby Abramowitz

Event Name: Miami Country Day School *Walk the Walk*

Name of person completing this form: _____

Email: _____

Cell: _____

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____
Please Print

Cardholder Address: _____

City: _____

State: _____ **Zip code:** _____

Telephone: _____

Date: _____

Amount to be charged: \$ _____

Type of Card: (please circle one): **Visa** **Discover** **Mastercard** **American Express**

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

For more information please email greenfieldm@miamicountryday.org