



Join us for the Annual Walk-A-Thon

Sunday, September 30, 2018

Registration: 9:30 AM including bagels, beverages and donuts.

Sponsored by J. Ratto Landscaping

Walk starts at 10:30 AM

Bring the Family!!

Starting at Robert Moses State Park Field 5 ending at Surf's Out Restaurant at Kismet. BBQ and soft drinks compliments of Surf's Out Restaurant. Music, special activities, games, ice cream, backpack filled with goodies and prizes for the children. The walk takes you along one of the most beautiful stretches of beach in the world.

**\$125 per family Includes t-shirt for all participants.
\$75 per person**

Special Prizes for the Most Money Raised and Most Walker Money Raised!

All proceeds benefit LIHBC, Inc. A 501 C-3 charitable organization which strives to make a difference in our communities through;

***Construction, repair and renovation as well as food drive, clothing drives and special holiday projects**

____ YES, I plan on walking and will collect pledges

____ **YES**, I plan on walking on Sept. 30th. Please find my check in the amount of \$ _____ enclosed

or charge my card American Express _____ VISA _____ Mastercard _____ Discover _____

CC# _____ exp: _____ / _____ sec# _____

Billing zip: _____ Amount:\$ _____

Name(s): _____

Cell# _____ Email: _____

of children walking _____ #boys _____ Age (s) _____ #girls _____ Age (s) _____

Please let us know the ages & if they are a boy/girl of any children with you so we can customize their backpacks. Due back by August 31, 2018.

Special offer!!

If you would like to collect pledge donations for you to walk, with a minimum of \$300, we will waive the fee and enter you into the Most Walker Money Raised contest. Please complete Pledge for Walkers form and return with payments. A \$100 gift certificate to Cirella's Restaurants for the total Most Money Raised and Most Walker Money Raised!

Please make checks payable to LIHBC, Inc. All donations are tax deductible.
Mail form & payment to: LIHBC, Inc. 1757-8 Veterans Memorial Hwy. Islandia, NY 11749
Or email Lois at lois@lihbc.com with credit card information or visit www.lihbc.org



LIHBC, Inc.
 1757-8 Veterans Memorial Hwy.
 Islandia, NY 11749
 lois@lihbc.org www.lihbc.org
 P: 631-232-2345



Sponsorships and Donations for the Annual LIHBC, Inc. Walk-A-Thon

I would like to sponsor the band for \$250. I would like to sponsor the Ice Cream Stand for \$100

I would like to sponsor the Children and Teens Backpack Stuffers for \$50

Child Entertainment Sponsor \$75

Check enclosed Charge my credit card AMEX VISA Mastercard Discover
 CC # _____ exp: ____/____

Security #: _____ Billing zip: _____ Amount: \$ _____

Name: _____ Company: _____

Address: _____

I would like to sponsor a walker.

Walker name: _____

Check enclosed Charge my credit card in the amount of: VISA Mastercard Discover
 ___ \$ 25.00 ___ \$50.00 ___ \$100.00 ___ Other amount \$ _____

CC # _____ exp: ____/____

Security #: _____ Billing zip: _____ Amount: \$ _____

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

I would like to make a general donation supporting the LIHBC, Inc. Annual Walk-A-Thon

Check enclosed Charge my credit card VISA Mastercard Discover
 CC # _____ exp: ____/____

Security #: _____ Billing zip: _____ Amount: \$ _____

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

All donations are tax deductible. Please make checks out to LIHBC, Inc. or Long Island Home Builders



Pledge Form for Walkers

WALKER'S NAME _____
COMPANY _____
CITY, STATE, ZIP _____
EMAIL _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ Exp. _____
 Billing Zip: _____ Sec. # _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ Exp. _____
 Billing Zip: _____ Sec. # _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ Exp. _____
 Billing Zip: _____ Sec. # _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ Exp. _____
 Billing Zip: _____ Sec. # _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ Exp. _____
 Billing Zip: _____ Sec. # _____

Please return back to LIHBC, Inc. by September 24th