



Carin MacLean Foundation Inc.

2017 5K Run/Walk-a-thon *In Memory of Kaitlin Licht*

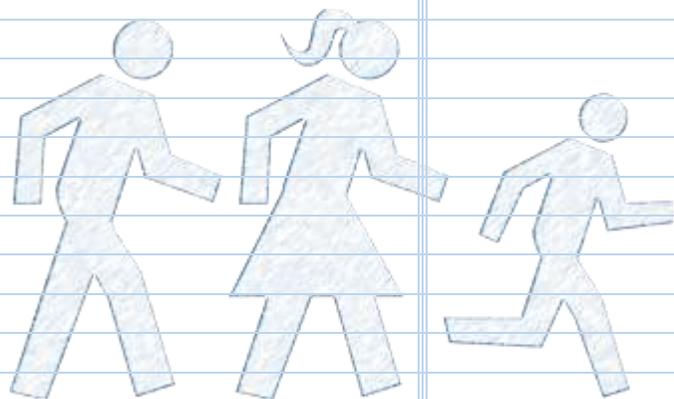
Name: _____

Dear Potential Sponsor,

I am participating in the **Carin MacLean Foundation Inc.** 5K Run/Walk-A-Thon on Saturday, September 9th, at DCR Borderland State Park in North Easton, MA. All proceeds raised will be going to multiple cancer patients throughout New England. Our goal is to raise \$15,000 this year and your donation will help get us there. Please make checks payable to **Carin MacLean Foundation Inc.** All contributions are tax-deductible. For more information, please visit us at www.carinmacleanfoundation.com

Thank you!

| | Name of Sponsor | Amount Collected from Sponsor | Business Matching Pledge Amount |
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| 18 | ENTER <u>ONLINE DONATION AMOUNT</u> HERE | \$ _____. | |



Total Sponsorship Amount \$ _____

Participants:

To reach our goal, we are asking each INDIVIDUAL participant to raise a minimum of \$150.00, and each registered FAMILY to raise \$300.00.

Please return this form with payment on the day of the walk-a-thon or payments may be mailed to **Carin MacLean Foundation Inc., 18 Richard Banna Way, Seekonk, MA 02771.**