

	Casii. \$
undraiser/Walker Name:	———— Checks: \$
	CHECKS. \$
eam Name:	
	Total: \$

Office Use ONLY:

<u>THANK YOU</u> for planning to participate in LifePath's 33rd Annual Walkathon at the Franklin County Fairgrounds on Saturday, October 18th. The Walkathon's Opening Ceremony will begin at 10am with Registation/Check In beginning at 9:30am.

Your efforts to help secure valuable donations in support of underfunded programs offers options for independence for local older adults, individuals with disabilities, and caregivers.

As you engage with your community, family and friends, please share that funds raised through the 2025 LifePath Walkathon are critically needed to support LifePath's broad array of programs and services including Meals on Wheels, In-Home Services, Benefits Counseling, Protective Services, SHINE, Money Management, and more. By supporting LifePath and those we serve through this effort, you make independence an option in every way possible.

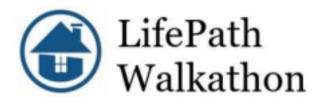
#### **Helpful information regarding collecting donations:**

- Record each donation on the Donation Record with complete contact info if possible. (Helps with follow up next year)
- Checks can be made out to "LifePath" with special notes on the memo line (2025 Walkathon, team name, etc.)
- *It is preferred that checks are submitted instead of cash.*

- Take advantage of setting up an online personalized fundraising link to send to friends and family by email, text and social media. Contact <a href="mailto:giving@lifepathma.org">giving@lifepathma.org</a> to set up your link. (This is suggested, but not required!!!)
- Please send your contributions ahead of time to: LifePath, 101 Munson Street, Suite 201, Greenfield, MA 01301

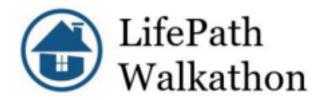
Fundraiser/Walker name:	 Team	Captain:	 
Company (if Applicable):			 _
Address:			 _
City:	Zip:	Phone:	
Email:			 _
Individual Goal:	Team Goal:		

#### Thank you for your effort and support!



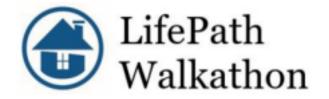
Fundraiser/Walker Name:	
Team Name:	

	Donor Name	Gift Amount	Payment (check/cash)	If gift receipt is requested, fill out address and/or email address.	Phone and email	Notes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
Tota	al on this page: \$	Total from		Total from other sources not recorded here (online, sent ahead, etc.): \$	Grand total: \$	



Fundraiser/Walker Name: _	
Team Name:	

	Donor Name	Gift Amount	Payment (check/cash)	If gift receipt is requested, fill out address and/or email address.	Phone and email	Notes
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
Tota	al on this page: \$	Total from previous pa		Total from other sources not recorded here (online, sent ahead, etc.): \$	Grand total: \$	



Fundraiser/Walker Name: _	
Team Name:	

	Donor Name	Gift Amount	Payment (check/cash)	If gift receipt is requested, fill out address and/or email address.	Phone and email	Notes
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
Tota	al on this page: \$	Total from previous p		Total from other sources not recorded here (online, sent ahead, etc.): \$	Grand total: \$	