

**6th Annual LIHBC
Walk A Thon**

September 17, 2017



Walk-A-Thon
and family fun day

*Join us for a family day filled with fun in the sun
at Kismet's Surf's Out Restaurant.*

- *Support L.I. Home Builders Care charitable work*
- *Check in at parking lot 5 for coffee, bagels & donuts*
 - *Lunch at Surf's Out*
 - *Networking*
- *Children's games & activities*
 - *Prizes & Giveaways*
 - *Live Music*

Please see attached for full details



Join us for the 6th Annual Walk-A-Thon

Sunday, September 17, 2017

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. Live 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.

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

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, renovation and beautification projects**

***Thousands in scholarships *Toy, food and clothing drives**

____ YES, I plan on walking and will collect pledges

____ **YES**, I plan on walking on Sept. 17th. 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: _____

Special offer!!

If you would like to raise pledge donations of a minimum of \$300 we will waive the \$75 per family fee and enter you into the Most Walker Money Raised contest. Please complete Pledge for Walkers form

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 to jen@libi.org

Please return with payment by Monday, September 11th



LIHBC, Inc.
1757-8 Veterans Memorial Hwy.
Islandia, NY 11749
lois@lihbc.org www.lihbc.org



Sponsorships and Donations for the 6th 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 Child's Backpack Stuffers for \$25 Child Entertainment Sponsor \$75

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

Security #: Billing zip: Amount: \$

Name: Company:

Address:

Phone: Email:

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 to LIHBC, Inc.

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 Care, Inc.



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. # _____