

Long Island Home Builders Care 6th Annual



Long Island Home Builders Care, Inc. is a 501 C-3 corporation that strives to make a difference in our community through various projects and charitable endeavors including:

- Construction, repair, renovation and beautification projects
- Thousands in scholarships
- Charitable fundraising
- Toy, food and clothing drives

Join us @ our 6th Annual Walk-A-Thon:

- Sunday September 17th, 2017
- Registration @ 9:30 AM : Robert Moses Park, Field 5
- Walk begins @ 10:30 AM and finishes @ Kismet's Surf's Out Restaurant
- Fun, friends, family, music, food and kids entertainment!
- 8 hour community service Snapchat My-story contest for high school and college students; separate flyer
- Please share with all of your contacts; colleagues, family and friends
- Share event page on Facebook @LIHBC and like us on LinkedIn
- For details see attached or go to www.lihbc.org



www.lihbc.org, lois@lihbc.org, 631-232-2345



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: _____

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

Please let us know the ages & sex of any children with you so we can customize their backpacks.

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



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. # _____