



## ALL RAYS OF HOPE FUNDING STAYS LOCAL

### Rays of Hope Funds:

- Programs and workshops for breast cancer patients and survivors throughout Western Massachusetts
- Research on breast cancer detection and treatments at the Rays of Hope Center for Breast Cancer Research at the Pioneer Valley Life Sciences Institute and Baystate Health Breast Network
- State-of-the-art equipment
- Wigs, breast prosthesis and lymphedema garments for uninsured breast cancer patients
- Cab ride vouchers for low income breast cancer patients during treatments or office visits



"Best Charity Event" "Best Charity Event" "Best Charity Event" "Best Charity Event" "Best Charity Event" "Best Charity Event" "Best Charity Event"

# WALK or RUN WHENEVER & WHEREVER You Choose!

Then, on Sunday, October 24 join us for the Parade of Hope from 9am - 12pm followed by an online Pink Celebration at 12:30 pm

Baystate Health Foundation Events are Underwritten by



MAJOR SPONSORS



Baystate Health

BAYSTATE BREAST & WELLNESS CENTER

Baystate Health

BAYSTATE BREAST SPECIALISTS



Until there is a cure **HOPE** will never be canceled



**Lucy Giuggio Carvalho**  
 Founder  
 Rays of Hope



**Al & Jackie Rodriguez**  
 Chairs  
 2020 - 2021  
 Rays of Hope



**Baystate Health Foundation**  
 ADVANCING CARE. ENHANCING LIVES.

280 Chestnut Street, Springfield, MA 01199



Non-profit  
 U.S. Postage  
**PAID**  
 Springfield, MA  
 Permit No.830

## RAYS OF HOPE - VIRTUAL CHALLENGE 2021

- **RUN:** ANY DAY & ANY TIME YOU CHOOSE
- **WALK:** ANY DAY & ANY TIME YOU CHOOSE
- **PARADE OF HOPE:** OCTOBER 24, 9 am - 12 pm  
 Temple Beth EL  
 979 Dickinson Street, Springfield, MA
- **VIRTUAL PINK CELEBRATION:**  
 October 24, 12:30 pm. More details on our website at  
[BaystateHealth.org/RaysOfHope](http://BaystateHealth.org/RaysOfHope)

### ROUTE:

Recreate the traditional Rays of Hope 2 or 5 mile routes. Visit [BaystateHealth.org/RaysofHope](http://BaystateHealth.org/RaysofHope) to find the maps and directions. Run or walk any day and any time you choose!

### PARADE OF HOPE DETAILS:

**Sunday, Oct 24, 9 am - 12 pm**

- Drive-through event - all participants must remain masked and in their cars. Decorate your cars in pink, too!
- Drive under the huge pink arch, tune-in to our special radio station to get into a Pink mood, watch the Pink Jumbotron for special messages, pick up your 2021 T-Shirt, Survivors and BIG WIGS get your swag, "sign" the tribute flags and more!
- Temple Beth El, 979 Dickinson St, Springfield, MA

### EVENT T-SHIRTS

- Must raise minimum of \$50 online or turned-in at Parade of Hope. One shirt per participant/team member.
- Survivors receive a free Rays of Hope Survivor T-shirt at the Survivors' Tent at the Parade of Hope
- **T-Shirts must be picked up at the Parade of Hope on October 24, while supplies last.**



**To sign up or for more information, visit [BaystateHealth.org/RaysOfHope](http://BaystateHealth.org/RaysOfHope) or call 413-794-8001**

# REGISTRATION AND FUNDRAISING FORM

*We highly encourage you to register and fundraise online - it's easy!  
Use this form for offline (cash/check) donations ONLY.*

Please use one registration form per walker/runner.

Additional pledge forms may be photocopied or downloaded at [BaystateHealth.org/RaysOfHope](http://BaystateHealth.org/RaysOfHope)

Mrs     Ms     Mr     Dr     Other \_\_\_\_\_

Participant's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel.# (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

Team Name: (if applicable) \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Co-Captain: \_\_\_\_\_

I cannot join you but I am with you in spirit. Enclosed is my donation.

(Check payable to BHF-Rays of Hope or donate online at [BaystateHealth.org/RaysOfHope](http://BaystateHealth.org/RaysOfHope))

**Thank you!** Please print. Make checks payable to: BHF-Rays of Hope. Contributions are tax-deductible as provided by law.

| TITLE<br><small>(Mr., Mrs., Ms, etc.)</small> | FIRST NAME | LAST NAME        | STREET              | CITY        |       |
|---|------------|------------------|---------------------|-------------|-------|
| Example:<br>Ms.                               | Ima        | Donor            | 8001 Hope Street    | Springfield |       |
| STATE   | ZIP        | PHONE            | EMAIL               | CASH        | CHECK |
| MA  | 01199      | 413 - xxx - xxxx | imadonor@server.com | \$50        | \$50  |

| TITLE<br><small>(Mr., Mrs., Ms, etc.)</small> | FIRST NAME | LAST NAME | STREET | CITY |       |
|---|------------|-----------|--------|------|-------|
|   |            |           |        |      |       |
| STATE   | ZIP        | PHONE     | EMAIL  | CASH | CHECK |
|   |            |           |        |      |       |

| TITLE<br><small>(Mr., Mrs., Ms, etc.)</small> | FIRST NAME | LAST NAME | STREET | CITY |       |
|---|------------|-----------|--------|------|-------|
|   |            |           |        |      |       |
| STATE   | ZIP        | PHONE     | EMAIL  | CASH | CHECK |
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|---|------------|-----------|--------|------|-------|
|   |            |           |        |      |       |
| STATE   | ZIP        | PHONE     | EMAIL  | CASH | CHECK |
|   |            |           |        |      |       |

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| STATE   | ZIP        | PHONE     | EMAIL  | CASH | CHECK |
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|   |            |           |        |      |       |

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|---|------------|-----------|--------|------|-------|
|   |            |           |        |      |       |
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|   |            |           |        |      |       |

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|---|------------|-----------|--------|------|-------|
|   |            |           |        |      |       |
| STATE   | ZIP        | PHONE     | EMAIL  | CASH | CHECK |
|   |            |           |        |      |       |

|              |  |  |  | CASH | CHECKS |
|--------------|--|--|--|------|--------|
| <b>Total</b> |  |  |  |      |        |

**Total Company Matching Gifts (Please include appropriate forms and information)**

**Grand Total:**

Number of Forms submitted \_\_\_\_\_. Please attach all forms.

**Waiver:**

I hereby, for myself and my heirs, executors and administrators, waive all claims against Baystate Health, Baystate Health Foundation, all corporate and in-kind sponsoring businesses and organizations, each city and town along the Rays of Hope routes, their respective employees, trustees, officers, agents, volunteers, independent contractors, and officials from all claims, damages and rights of action, present and future, that may arise out of, or be incident to, any injury I might suffer as a result of participating in the 2021 Rays of Hope Walk and/or Run Toward the Cure 8K. I attest that I am physically fit, and prepared for this event. I do hereby consent to the use of my image by Baystate Health for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, providing such uses are not made so as to constitute a direct endorsement of any product or service. I have read the above waiver and release of liability and consent form, and I hereby agree to its terms. I understand that I give up substantial rights by agreeing and do agree voluntarily.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the above waiver and release of liability and consent form, and I hereby agree on behalf of myself and Participant to its terms.

*Signature*

*Date*

**DOUBLE HOPE WITH MATCHING GIFTS**

- Ask your sponsors if there is a matching gift program where they work – this is an easy way to double a donation!  
Do not forget to ask your employer, too!

**There is no rain date. If you do not walk or run for any reason, please mail your contributions to:  
Rays of Hope, Baystate Health Foundation, 280 Chestnut Street, Springfield, MA 01199. Please convert cash into check.**