

# 9th Annual Nurses Walk 2017

## Saturday, October 14th,

### Time: 9 a.m.



**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Dear Potential Sponsor,**

I am participating in the **South Carolina Nurses Foundation 9<sup>th</sup> Annual Nurses Walk**. All proceeds will help serve as a fundraiser supporting the SCNF's mission: *(1) The advancement of the nursing profession through awards, scholarships, research, and grants. (2) To increase the visibility of nurses and the nursing profession throughout the state. (3) To provide an opportunity to honor past, present and future South Carolina registered nurses.* Thank you for sponsoring me with your donation. Make checks payable to **South Carolina Nurses Foundation**. All contributions are tax-deductible.

Thank you!

Name of Sponsor	Pledge per Mile (Example: \$5.00)	Maximum Pledge	Amount Collected from Sponsor	Sponsor Phone/ E-mail
1				
2				
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15				

**Participants:**

To reach our goal, we hope that each participant finds at least ten sponsors.

Please bring this form and donations received to the event site October 14<sup>th</sup>, 2017

