



**THE ST. MARY'S FOUNDATION One Mile or
VECTREN FOUNDATION Five Kilometer Walk**

Saturday, September 20, 2014 at 9:00 A.M.

Evansville State Hospital
3400 Lincoln Ave • Evansville, Indiana

***To Benefit the Evansville District Council of
The St. Vincent de Paul Society***

Did you know that :

The St. Vincent de Paul Food Pantry at 809 Lafayette St. supplies food to approximately 1100 families each month?

The St. Vincent de Paul Thrift Store at 767 Walnut St. provides clothing, furniture and household goods to an area of Evansville where such items are scarce?

Volunteers from Twenty-six parish based conferences make hundreds of home visits every year bringing spiritual support, financial help and human caring to those who face utility shut-offs, evictions, malfunctioning appliances and an inability to obtain prescription medicine?

All donations and sponsorship proceeds stay within Southern Indiana.

***WE GUARANTEE that it will not rain harder than last year,
but rain or shine this year each walker receives a FREE SVDP LOGO RAIN PANCHO!***

1. Come for a free "Walk" on a beautiful fall day. Monetary pledges from your family and friends are appreciated but no donations are required.

You can register on the day of the event OR

On Line -- by going to www.svdpfriendsofthepoorwalk.org --

Designate "Evansville District Council" as the recipient of your pledges;

2. Organize your Friends or School group to participate.
3. Talk to your employers and businesses you frequent to encourage them to sponsor some part of the walk as:

Title Sponsor:	Donation of \$2,500.00
Shopping Bag Sponsor:	Donation of \$1,000.00
Water Stop Sponsor:	Donation of \$ 500.00
Poncho Sponsor:	Donation of \$ 250.00
Snack Sponsor	Donation of \$ 100.00

Sponsors can register by calling: (812) 867-6974 before September 1, 2014

BRING THIS SHEET WITH YOU TO THE WALK

Pre-registration not required



Evansville District Council Friends of the Poor Walk Registration Form

Name: _____ Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail address: _____

Telephone: (_____) _____ Cell: (_____) _____

TOTAL AMOUNT OF ANY DONATIONS BROUGHT TODAY:

\$ _____

MAKE CHECKS PAYABLE TO: St. Vincent dePaul - Evansville District Council

Accident Waiver and Release of Liability

I hereby take action for myself, my executors, administrators, heirs, and assigns to Waive, Release, and Discharge the Society of St. Vincent dePaul, their directors, officers, employees, volunteers, representative and agents, and all the event holders, sponsors and volunteers for any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me from traveling to or participating in this event. I am aware that the Society does not provide health or accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating. I consent to receive medical treatment necessary during the event, and agree that my photograph may be used for any legitimate purpose by the event organizers, sponsors, and the Society.

Name

Date

If participant is under 18, Parent or Guardian signature:
