



Lucy Giuggio Carvalho
Founder
Rays of Hope



Sandy & John Maybury
Co-Chairs
2024-2025
Rays of Hope



Baystate Health Foundation

ADVANCING CARE. ENHANCING LIVES.

280 Chestnut Street, Springfield, MA 01199



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JOIN US and Make a Difference!



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
- Breast prosthesis and lymphedema garments for uninsured/under-insured breast cancer patients

Sunday
October 27, 2024
31st Annual Walk & 15th Annual Run

MAJOR SPONSORS



RAYS OF HOPE - WALK & RUN

- **Run Check-In:** 7:30 AM
- **Run Start Time:** 8:30 AM
- **Walk Check-In:** 9:00 AM
- **Walk Start Time:** 10:30 AM

ROUTE: Start & Finish at Temple Beth El, 979 Dickinson St., Springfield, MA. 2 mile handicap accessible route & 5 mile route wind through historic Forest Park and surrounding neighborhoods.

FREE PARKING AND SHUTTLE SERVICE STARTING AT 8:30 AM AT THE FOLLOWING LOCATIONS:

- American Saw & Mfg. Co., 301 Chestnut St., East Longmeadow, MA
- Blueberry Hill School, 275 Blueberry Hill Rd., Longmeadow, MA
- East Longmeadow High School, 180 Maple St., East Longmeadow, MA
- Longmeadow High School, 127 Grassy Gutter Rd., Longmeadow, MA

RUNNERS PARKING & SHUTTLE INFO:

Park at American Saw & Mfg., Co., 301 Chestnut St., East Longmeadow, MA ONLY. The lot will be open with shuttles starting at 7:30 am. This is the ONLY lot open at 7:30 am. All other lots open at 8:30 am.

EVENT T-SHIRTS

- Walkers and Runners must raise at least \$50 online to receive a Rays of Hope event t-shirt or turn in at least \$50 raised on event day.
- Survivors receive a free Rays of Hope Survivor t-shirt at the Pink Hope Lounge on event day.
- All t-shirts are available while supplies last and only on October 27 at the event..

For everyone's safety, **PETS ARE NOT ALLOWED** at the Walk/Run.

To sign up or for more information, including event and parking details, visit BaystateHealth.org/RaysOfHope or call **413-794-8001**

Rays of Hope – Our Mission

Our mission is to raise funds to improve the breast health of the people in our communities with quality and compassion in partnership with the Baystate Health Breast Network.

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

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)

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 2024 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!

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

TITLE <small>(Mr., Mrs., Ms, etc.)</small>	FIRST NAME	LAST NAME	STREET	CITY	STATE	ZIP	PHONE	EMAIL	CASH	CHECK
Example: Ms.	Ima	Donor	8001 Hope Street	Springfield	MA	01199	413 - xxx - xxxx	imadonor@server.com	\$50	\$50
Total									CASH	CHECKS
Total Company Matching Gifts (Please include appropriate forms and information)										

Grand Total:

Number of Forms submitted _____. Please attach all forms.