

## **Making Strides Against Breast Cancer**

### **3 Mile Walk or Run**

Join the Crouse Making Strides team for an incredible and inspiring opportunity to honor and celebrate breast cancer survivors, raise awareness about the disease, and raise money to help the American Cancer Society (ACS). All members of the Crouse extended family are invited to participate.

Date: Sunday, October 18, 2015

Clinton Square, Syracuse, NY 13215

Cost: FREE to participate

Team Photo: 9:35 a.m. in front of the

Time: 10:00 a.m. (8:30 a.m. registration)

Spirit of Women table

Crouse Hospital staff will be selling Making Strides donation cards, ACS items (ex: bracelets or ribbons), and Crouse Hospital team t-shirts in the small cafeteria. You can also purchase raffle tickets for your chance to win one of the many raffle baskets donated by hospital staff.



#### **BONUS! Simply Well Giveaway**

Wear your Crouse Making Strides shirt in the team photo and complete the walk to receive a free lunch voucher to the Pita Pit (employees only). Vouchers will be distributed after team photo and prior to the walk. “Virtual” walk/team photo option for those working at Crouse during the event).

**Crouse Hospital Making Strides Event**  
Order Form and Payroll Deduction Authorization

Employee Name (print) \_\_\_\_\_ Employee Number \_\_\_\_\_

Preferred email address (for order confirmation): \_\_\_\_\_

Form of Payment: \_\_\_ Payroll Deduction (authorization required); \_\_\_ Check payable to Crouse Hospital

Event Participation (to help coordinate vouchers and virtual walk/photo participation)  
 \_\_\_ Yes, I plan to attend on 10/18 in Clinton Square (meet at Spirit of Women table for team photo)  
 \_\_\_ Yes, I plan to participate in virtual walk/photo at Crouse on 10/18

**Event Order Form**

Item for Purchase	Cost Per Item	Indicate Quantity Purchased	Total Cost
Crouse Team T-shirt	\$20 per shirt	Indicate # per size: ___ Small ___ Medium ___ Large ___ XL ___ XXL	\$
Donation Card	Varies	<b>Indicate donation</b>	\$
Bracelet or Ribbons	\$2 per bracelet		\$
Raffle Tickets	Varies	___ \$1 for 1 ticket ___ \$5 for 6 tickets ___ \$10 for 15 tickets ___ Other (specify) _____	\$

**Total Payment Due: \$ \_\_\_\_\_**

**Payroll Deduction Authorization (if applicable):**

I authorize Crouse Hospital Payroll Department to deduct the above "Total Payment Due" from my paycheck prior to the event date (Oct. 18, 2015). The above will be deducted from a single paycheck. I agree that in the event of separation from employment I am legally obligated to satisfy the balance immediately through payroll deduction or direct payment to Crouse Hospital.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_