2020 ShelterWalk 2.0 September 16th-23rd

We're taking ShelterWalk to the next level! We can't walk together, but we can join in a common cause! For this virtual event you decide how you want to participate—walk, run, bike or swim.

Sponsor Name	Sponsor Address, City, State, Zip	Phone	Email	Donation
1				
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12				
Please Make Checks Payable to COMMUNITY CARE ALLIANCE			DONATION TOTAL	

Our mission is the same— to be available for people taking steps to improve their quality of life. Funds will be used to support our Shelter and Homelessness Prevention programs, as well as to fulfill other critical needs.

It's free to register and participate! Donations or fundraising for us are highly encouraged so that we can continue to provide critical services to the community.



ANNUAL SHELTERWALK REGISTRATION FORM

🔲 Individual Walker 🔲 Team Walker				
Name:				
Organization:				
Team Name:				
Team Captain:				
Address:				
City: State: Zip:				
Phone:				
Email:				
Return in person or mail this form with raised monies to:				

Community Care Alliance Attn: Wendy Pires PO Box 1700 Woonsocket, RI 02895

www.CommunityCareRl.org
Fundraise with us online by visiting
http://www.firstgiving.com/CommunityCareAlliance/
ShelterWalk-2-0