

# Help make breast cancer a thing of the past!!

If it hasn't already, breast cancer will touch you or someone you know. The disease will strike nearly 200,000 times this year and claim more than 40,000 lives.



MARY'S ROOM, located at the American Cancer Society,  
101 John James Audubon, Amherst, NY.  
By appointment 1-800-743-6724.



In 1994 Mary F. Marvin was diagnosed with breast cancer, she made it her mission to educate and help others fighting this disease. In 1996, Mary founded the Wig Depot at the American Cancer Society, patients were now able to obtain free wigs and other head coverings in privacy and with dignity. In April 1998, however, Mary, a caring mother, daughter, sister & friend lost her battle with breast cancer and as a fitting tribute to her loving concern for others, the ACS changed the name of the wig room to "Mary's Room."

The Mother's Day Breast Cancer Canal Walk proceeds will benefit Mary's Room. And to educate our community on the importance of breast cancer awareness, self-examination, mammograms, and breast cancer research.

## JOIN US!!

- DATE:** Sunday, May 11, 2008  
**TIME:** Registration starts at 11:00 am  
Introductions at 12:00 pm  
Walk begins at 1:00 pm  
*Rain or shine*
- AUCTION:** Starts at 11:00 am,  
ticket sales end at 2:30 pm,  
drawing begins at 2:45 pm  
*(times are approximate)*
- PLACE:** Widewaters Marina  
Market Street  
Lockport, New York
- ROUTE:** 2 miles along the picturesque  
Erie Barge Canal in Lockport



**For more information please call**  
**MICRO GRAPHICS • (716) 434-9123**  
**ACS • 1-800-743-6724**  
**or visit our website at**  
**[www.BreastCancerCanalWalk.org](http://www.BreastCancerCanalWalk.org)**

# 12th Annual Mother's Day BREAST CANCER CANAL WALK

**SUNDAY  
MAY 11, 2008**



**Widewaters Marina  
Lockport, New York**

# REGISTRATION FORM

Walker's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Male  Female

I am unable to walk, but please accept  
my donation of \$ \_\_\_\_\_

**WAIVER:** *In consideration of being permitted to participate in the Mother's Day Breast Cancer Canal Walk, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the American Cancer Society, it's officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent's Signature (if participant is under 18)

**Bring this form and  
your contributions  
to the registration area  
when you arrive.**



# 12th Annual Mother's Day Breast Cancer Canal Walk

REGISTRATION: 11AM • INTRODUCTIONS: 12PM • WALK BEGINS: 1PM

## SPONSORSHIP PLEDGE FORM

Please make checks payable to: **American Cancer Society/Mary's Room**

Sponsor's Name	Mailing Address	Phone	Donation
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
<b>THANK YOU for participating in this year's walk. Your support is greatly appreciated.</b>  FREE t-shirt to registered walkers while supplies last (minimum of \$25.00 per person-sponsorship or donation).			<b>Cash Total \$</b> <b>Check Total \$</b> <b>TOTAL \$</b>

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL SHEETS IF NECESSARY.