



March 9, 2024
Meredyth Place, 2709 Meredyth Drive

8 a.m. registration
9:30 a.m. ceremony, walk to follow immediately
www.supportphoebe.org/ribbonwalk
phoebefoundation@phoebehealth.com
229-565-7465

Proceeds benefit Phoebe Cancer Center
Return form to Phoebe Foundation, 1011 N Monroe Street

REGISTRATION AND DONATION FORM

- I would like to register to walk. \$25 (t-shirt will be included)
- I am walking and would like to make a donation in the amount of \$_____.
- I cannot attend the walk, but I would like to make a donation in the amount of \$_____.

WALK REGISTRATION INFO

To register online visit: www.supportphoebe.org/ribbonwalk

Participant Name: _____

Team Name: _____

Address: _____
Address of PARTICIPANT/FUNDRAISER—If Unknown, leave blank—DO NOT use address of someone else

Email Address: _____ Phone #: _____
PLEASE USE EMAIL FOR PARTICIPANT

Are you a cancer survivor? _____ Are you on a Phoebe Department Team? _____

DONOR INFORMATION

Donor Name: _____

Address: _____
Address of DONOR—If Unknown, leave blank—DO NOT use address of someone else

Email Address: _____ Phone #: _____
PLEASE USE EMAIL FOR DONOR

Donation method: cash check payroll deduct (for Phoebe employees) Emp Id #: _____

Please make checks payable and mail to:
Phoebe Foundation | PO Box 3770 | Albany, GA 31706
Physical address is 1011 N Monroe Street to drop off

To make a donation by card visit <https://charity.pledgeit.org/TheRibbonWalk>
Or open your camera and scan the QR code



Release: In consideration of your acceptance of this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby waive and release all rights and claims for damages I may have against Phoebe Putney Memorial Hospital and the City of Albany, and any and all sponsors and officials of this event from any liability arising from illness, injuries, and damages I may suffer as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for this event. I give my permission for the use of my picture and name in any media coverage in this event.

Release Signature _____