

Please return to NAMI Bucks County

600 Louis Drive, Suite 106

Warminster, PA 18974

## About NAMI PA Bucks County Chapter

Founded in 1982, NAMI Bucks County and its dedicated volunteers work together to raise awareness about mental illness and provide essential education, advocacy and support group programs for people in our community living with mental illness and their loved ones. Our Helpline 1-866-399-6264 provides important information and referrals to the community. NAMI Bucks County is a non-profit, grassroots organization that addresses the mental illness needs of our community, replaces stigma with understanding and helps thousands of families and individuals each year.

## About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

From coast-to-coast and around the globe, mental illness affects everyone. Every year, regardless of race, age, religion or economic status, mental illness impacts the lives of at least one in four adults and one in 10 children across the United States—that is nearly 60 million Americans.

NAMI has over 1,000 affiliates in communities across the country who engage in advocacy, support and education. Members of NAMI are families, friends and people living with mental illnesses such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder.

## Walk Sponsors

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Lenape Valley Foundation

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Brooke Glen Behavioral Hospital

Bucks County Dept. of MH/DP

Matt Baker & Carrie Doyle

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Project Transition

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 **NAMI** Bucks County  
National Alliance on Mental Illness

**STRIDE**  
FOR MENTAL HEALTH  
AWARENESS

**5K Walk**

**Saturday May 12, 2018**

**Fonthill Park**

**130 E. Swamp Rd.**

**Doylestown, PA 18901**

**Registration & Events: 9:00 a.m.**

**Walk Start: 11:00 a.m.**

**Master of Ceremonies Bruce Gordon,**

**General Assignment Reporter**

**FOX 29 News**



**WWW.NAMIBUCKSSTRIDE.ORG**

**1-866-399-NAMI (6264)**



NAMI Bucks County

**STRIDE**  
FOR MENTAL HEALTH AWARENESS

*funds support  
mental health  
education offered  
at no cost in <sup>SEP</sup>  
Bucks County*

**5K Walk**

**Fonthill Park**

**130 East Swamp Road**

**Doylestown, PA 18901**

**Registration and events begin at 9:00**

**Walk Start 11:00**

**Rain Or Shine Event**

**Participant Information**

There is no registration fee for the Walk. All participants are encouraged to collect donations from family members, friends, co-workers and business associates. All walkers raising \$100 or more receive an event t-shirt. All participants must register.

**Walk Teams and Participation**

Companies, organizations and families are encouraged to organize teams of walkers made up of employees, organization members, relatives and friends.

# Walker Donor Form

(A separate form is required for each participant)  
Online registration is available at  
[www.namibucksstride.org](http://www.namibucksstride.org)

Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Child (Under 18): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Adult \_\_\_\_\_ Child (Under 18) \_\_\_\_\_

Team Name: \_\_\_\_\_

Donor's Name	Amount	Collected Cash	Collected Checks
1.			
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3.			
4.			
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17.			
18.			
19.			
20.			
<b>TOTAL TURNED IN TODAY:</b>			

Thank you.

Individual Walker

Walker on a Team

Walk day Volunteer. Please call me.

I cannot attend the walk. I have enclosed my donation in the amount of \$\_\_\_\_\_ to support NAMI Bucks County.

**I am a ...**

Consumer

Family Member

Professional

Friend

**Each Participant must sign below.**

**Signature:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

*(if walker is less than 18 years of age)*

**How did you hear about the Stride Event?**

\_\_\_\_\_

Make checks payable to NAMI Bucks County. All walkers are encouraged to collect donations in advance and turn them in to their Team Captain prior to the Walk, or bring them on Walk day.

Waiver of Release and Liability:

I hereby waive all claims against NAMI Bucks County, sponsors, or any personnel for any injury that I might suffer in this event.

I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs or video of me and quotations from me in legitimate accounts and promotions of this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_