



With special thanks to our underwriters:



ELIZABETH FREEMAN CENTER'S FREE AND CONFIDENTIAL 24/7 HOTLINE 1-866-401-2425  
 OFFICES IN PITTSFIELD, NORTH ADAMS AND GREAT BARRINGTON

**Together we can make our homes and streets safe for all!**



**7th Annual Benefit for Elizabeth Freeman Center**



# Walk a Mile **in her shoes**

**Take a Stand.  
 Stop the Violence.**



**3rd Thursday, Sept. 21, 2017**  
**5pm register, 6pm walk**  
**Corner of North and Columbus Streets,  
 Pittsfield**

**For more information, to register or raise money online the easy way,  
 visit [www.elizabethfreemancenter.org/wam](http://www.elizabethfreemancenter.org/wam)**

**or call 413-499-2425.**

**WALKERS WHO RAISE AT LEAST \$55 GET A FREE 2017 T SHIRT!**



# Walk a Mile in Her Shoes®



**WANTED:** Everyone who wants to stamp out domestic and sexual violence!

- Join 600+ walkers to stop violence and support Elizabeth Freeman Center
- **WALKERS WHO RAISE AT LEAST \$55 GET A FREE 2017 WALK A MILE SHIRT**
- Shoes, decorations, and signs available at the event or bring your own

For more information, to register, or to raise money online the easy way, visit [www.elizabethfreemancenter.org/wam](http://www.elizabethfreemancenter.org/wam) or call us at 413-499-2425.

Walker's name \_\_\_\_\_ Email \_\_\_\_\_

Walker's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization/Company name \_\_\_\_\_

Donor name(s)	Email/Address	Pledge Amount	Cash or check?	PAID
Checks payable to: Elizabeth Freeman Center, Inc. All donations are tax deductible.			<b>GRAND TOTAL:</b>	

Waiver: As a participant in Elizabeth Freeman Center's walk, I hereby for myself and my executors, administrators, personal representatives, heirs and assigns, assume any and all risks which might be associated with the event. I further release and discharge Elizabeth Freeman Center, Inc., its officers, directors, and members, and the sponsors, organizers, volunteers, and other representatives of the event, and their successors and assigns, for any and all claims for injury, damages, demands and causes whatsoever in any manner arising from or related to my participation in the event and any related activities. I agree to the use of any photographs, film or videotape of the event for any purpose.

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

Parent signature (if participant is under 18): \_\_\_\_\_