



HARD TRUTHS:

OVARIAN CANCER IS THE 5TH DEADLIEST CANCER IN WOMEN
1 IN 78 WOMEN IN THE USA ARE AT RISK FOR DEVELOPING IT
22,000+ NEW CASES ARE DIAGNOSED EACH YEAR
14,000+ WOMEN DIE FROM IT EACH YEAR
#1 CAUSE OF DEATH IS LATE DETECTION

A PAP SMEAR IS NOT A TEST FOR OVARIAN CANCER. HELP US DEBUNK THE MYTH AND RAISE MONEY FOR OVARIAN AND GYNECOLOGIC CANCER RESEARCH!

The happenings of 2020 have changed the face of so many things, events included. We will be holding our **17th Annual SHOC Walk & Run** on Saturday, August 7, 2021, virtually again. What this means is that regardless of where people live, they can still participate virtually by walking or running.

Our mission is still the same in that we can achieve for ovarian cancer what the pap smear has done for cervical cancer, the mammogram for breast cancer, and the PSA test for prostate cancer. Together, change is happening and a difference is being made. Our fundraising goal for this event is \$50,000. Monies raised will continue to support research for ovarian and other gynecologic cancers at the OHSU Knight Cancer Institute, as well as help the SHOC Foundation continue to raise awareness and empower women living with these diseases. Please find our updated Sponsorship details enclosed, including an online Sponsor Payment option. On behalf of the Sherie Hildreth Ovarian Cancer Foundation, thank you for your support!

For More Information

Please visit www.shocfoundation.org or email us at walk@shocfoundation.org

Sincerely,

Bruce Hildreth, President

Board of Directors

Bruce Hildreth, President / Ashley Hildreth, Executive Director / Tami Ward, Vice President / Sheryl Rourke, Treasurer
Sanja Uskokovic / Michael English, CPA / Dr. Tanja Pejovic, Medical Advisor

Advisory Members

Teri Bertell / Lori Dayton / Geri Matin

About the SHOC Foundation

Sherie Hildreth was diagnosed with stage IIIC ovarian cancer in the fall of 2004. She was a wife, mother and 6th grade teacher. In pursuit of shining a little light on the disease, Sherie found herself in the midst of operating a full-fledged nonprofit organization. Her mission was simple: raise awareness, support survivors and fund research. In 2009, Sherie succumbed to the disease, but her legacy lives on. The SHOC Foundation continues to operate as an all-volunteer nonprofit organization, which to date has donated nearly **\$1.2 million** to ovarian cancer research at the OHSU Knight Cancer Institute in Portland, Oregon.

SPONSOR LEVELS CASH DONATIONS



\$5,000+ **TEAL RIBBON**

Free Entries (8)
Mentions in Press
Logo on: Bib, T-Shirt, Online
Banner, Event Thank You,
Facebook, Instagram

\$2,500+ **GOLD**

Free Entries (6)
Logo on: Bib, T-Shirt, Online
Banner, Event Thank You,
Facebook, Instagram

\$1,000+ **SILVER**

Free Entries (4)
Name on: T-Shirt, Online
Banner, Event Thank You,
Facebook, Instagram

\$500+ **BRONZE**

Free Entries (2)
Name on: T-Shirt, Online
Banner, Event Thank You,
Instagram

\$250+ **CRYSTAL**

Free Entries (1)
Name on: T-Shirt, Online
Banner, Event Thank You

– **FREE ENTRY** to participate in the event is included with Sponsorship (varies by Sponsor level).
Additional paid entries:

Adults (13+) \$30

Youth (6-12) \$10

Kiddies (0-5) Free

– **DEADLINE** for inclusion of Sponsor logo/name on T-Shirt is **July 1, 2021**

– **TAX RECEIPTS** for your cash donations will be sent to you by mail

– **QUESTIONS?** Please email us at walk@shocfoundation.org

– **ONLINE PAYMENT & SPONSOR REGISTRATION** @ <https://shocwalk.maxgiving.com>

– **MAIL IN PAYMENT & SPONSOR REGISTRATION**

Please COMPLETE and MAIL below form to: **SHOC Foundation, PO Box 327, Gladstone, OR 97027**

Checks payable to: **SHOC Foundation**

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SPONSORSHIP FORM

Company Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

T-Shirt: S M L XL XXL XXXL No T-Shirt

Donation Amount or Value \$ _____

Sponsor Level: _____

Walking/Running? Yes No

If "yes" please fill out Waiver Form (next page)

WAIVER FORM



COMPANY NAME: _____

I know that a walk/run/wheelchair event is a potentially hazardous activity. I should not participate in this virtual event unless I am medically able, properly trained, and have sufficient stamina to safely and successfully complete this event without harm or injury to myself. I assume all risks, including my choice of route during this virtual event. In consideration of the acceptance of my entry, my heirs, executors, administration and assigns, waive, release and discharge any and all rights and claims against the Event Directors, the Sherie Hildreth Ovarian Cancer Foundation Board of Directors and Advisors, Huber Timing, participants, and any and all sponsors, suppliers, agents, independent contractors, employees, and other personnel in any way assisting or connected with this walking/running event from any and all damages, demands, and actions whatsoever in any manner arising or resulting from my participation in this event. I grant permission to all of the foregoing the use of any photographs, videos, recordings or any other record of this event for any legitimate purpose. I have read the entry information provided and certify my compliance by my signature below.

FREE ENTRY #1

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: (Circle) M F T-Shirt Size: (Circle) S M L XL XXL XXXL No T-Shirt

Event: (Circle) 5K Walk 5K Run 10K Walk 10K Run 1-Mile Family Fun Wal

Signature: _____ Date: _____

FREE ENTRY #2

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: (Circle) M F T-Shirt Size: (Circle) S M L XL XXL XXXL No T-Shirt

Event: (Circle) 5K Walk 5K Run 10K Walk 10K Run 1-Mile Family Fun Walk

Signature: _____ Date: _____

FREE ENTRY #3

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: (Circle) M F T-Shirt Size: (Circle) S M L XL XXL XXXL No T-Shirt

Event: (Circle) 5K Walk 5K Run 10K Walk 10K Run 1-Mile Family Fun Walk

Signature: _____ Date: _____

FREE ENTRY #4

Full Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: (Circle) M F T-Shirt Size: (Circle) S M L XL XXL XXXL No T-Shirt

Event: (Circle) 5K Walk 5K Run 10K Walk 10K Run 1-Mile Family Fun Walk

Signature: _____ Date: _____

If additional entries are needed, please copy this page.