AMERICAN FRIENDS OF RABIN MEDICAL CENTER

Join us in our *Schlep* to help eradicate a deadly disease that touches all families.

THE CAUSE:

Breast and ovarian cancers are the most common cancers afflicting women in the United States and Israel. Throughout their lifetimes, **one in seven women will be diagnosed with breast cancer and over 22,000 women will be diagnosed with ovarian cancer annually.**

Proceeds from this event benefit the BRCA Multidisciplinary Clinic to serve women at high risk of breast and ovarian cancer at Rabin Medical Center's Davidoff Cancer Center—a world class facility whose sole focus is on the treatment and prevention of cancer. The *SCHLEP* also supports a nutritional intervention study to determine if nutrients in cruciferous vegetables can decrease breast cancer in BRCA mutation carriers and thus help save the lives of this high-risk population.

American Friends of Rabin Medical Center is working with the Rabin Medical Center and its U.S. affiliates to eradicate this devastating disease.Your support is vital to their efforts.

OUR MISSION:

Rabin Medical Center is the pride of Israel, named in memory of Yitzhak Rabin. American Friends of Rabin Medical Center (AFRMC) strengthens this premier medical institution by providing the hospital with funds to expand its facilities and purchase the most advanced medical equipment and technology.

Thank you for supporting the Cheryl Diamond *NYC 5K Schlep*.

American Friends of Rabin Medical Center is a 501(c)3 non-profit organization. Donations to this event are tax deductible in accordance with the law.

AFRMC
AMERICAN FRIENDS
RABIN MEDICAL CENTER

636 Broadway, Suite 218, NY, NY 10012
212-279-2522 www.afrmc.org

AMERICAN FRIENDS OF RABIN MEDICAL CENTER

Come *Schlep* with us this Father's Day and help save lives!

Cheryl Diamond
NYC 5K Schlep

Annual 5K Run/ Walk
Breast & Ovarian Cancer
June 21, 2015

SPONSORED BY
American SELF STORAGE

Robert F. Wagner Jr. Park
Battery Park City, NYC
Sunday June 21, 2015
9:00 am–Noon
Rain or Shine

AFRMC
AMERICAN FRIENDS
RABIN MEDICAL CENTER

➔ afrmc.kintera.org/schlep15
212-279-2522 www.afrmc.org

Cheryl Diamond
NYC 5K Schlep

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GET INVOLVED:

Register ➔

Register to participate on June 21st in Battery Park City, NYC, overlooking the Statue of Liberty and New York Harbor.

Adult: $36 Children: $18 Cancer Survivor: *Free*

Sponsor ➔

Sponsor and become a major partner in the international fight against breast and ovarian cancer.

Title: $50,000 Platinum: $25,000 Gold: $10,000
Silver: $5,000 Bronze: $2,500

Volunteer ➔

Volunteer to join the Steering Committee or volunteer the day of the event as an event marshal.

Call to inquire: 212.279.2522

Donate ➔

Donate if you are unable to join us in person.

Donate Online: afrmc.kintera.org/schlep15

EVENT SCHEDULE:

- ➔ **Rain or Shine**
- ➔ **8am:** Pre-Event Check-in and Registration
- ➔ **9am:** Start Time
- ➔ **Location:** Robert F. Wagner Jr. Park across from the Ritz Carlton Hotel (Battery Place & West Street) Battery Park City, NYC
- ➔ **Subway:** 4 or 5 to Bowling Green, or 1 to Rector Street

*Due to area construction, the race will not be documented as an official 5k and is officiated at 2.87 miles.

SPONSORED BY

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El Al — IT'S NOT JUST AN AIRLINE. IT'S ISRAEL.
Genentech
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StorageBlue SELF STORAGE REDEFINED
TAMID THE DOWNTOWN SYNAGOGUE

(IN FORMATION)

➔ **afrmc.kintera.org/schlep15**

REGISTER:

ONLINE: AFRMC.KINTERA.ORG/SCHLEP15
OR FILL OUT THE FORM BELOW AND MAIL.

REGISTER

❑ Adult $36 ____ Runner ____ Walker
❑ Child $18 ____ Runner ____ Walker
❑ Cancer Survivor *Free* ____ Runner ____ Walker

SPONSOR

I would like to sponsor the *NYC Schlep*

❑ **Title: $50,000** ❑ **Platinum: $25,000**
❑ **Gold: $10,000** ❑ **Silver: $5,000** ❑ **Bronze: $2,500**

VOLUNTEER

❑ I would like to volunteer

DONATE

Enclosed is my donation of $_____

INFORMATION

Name _____
Company _____
Address _____
E-mail _____
Phone _____

T-shirt sizes: ____ ❑ S ____ ❑ M ____ ❑ L ____ ❑ XL

Team Affiliation? _____

PAYMENT

❑ **Enclosed is my check made payable to American Friends of Rabin Medical Center**

❑ **Please charge: ❑ MC ❑ VISA ❑ AMEX**

Card No. _____ **Exp:** _____

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