



Create your team for the Rainbow Run! Teams are a great way to get your friends, family, colleagues and others united in support of Callen-Lorde! Running, walking and fundraising as a team will ensure another successful and exciting Rainbow Run! For corporate teams, participating in the Rainbow Run is a great way to display company spirit and promote your commitment to LGBTQ health and wellness.

Creating or joining a team is easy! Register your team at www.callen-lorde.org/rainbowrun or call 212-271-7263. During registration (for the 5k or 10k) you will be prompted to "Create/Join an Existing Team," and "Create a Fundraising Profile." We encourage you to be creative when naming your team, ambitious when setting your fundraising goal, and most importantly, to have fun!

Your group or organization can raise even more money, and gain increased exposure, by sponsoring the Rainbow Run! Our sponsors are prominently recognized in event collateral, on our website, in our social media mentions, and at the event.

Callen-Lorde is the global leader in LGBTQ healthcare. Since the days of Stonewall, we have provided a welcoming environment for LGBTQ communities to get quality care, free of judgment and regardless of ability to pay. In addition, Callen-Lorde pioneers research, advocates for social change and educates the medical community to help transform lives – not just for our patients – but for all LGBTQ people around the world, *because we believe healthcare is a human right.*

For more information, to register your team or sponsor the Rainbow Run, please email spersaud@callen-lorde.org or call 212-271-7263.



CALLEN-LORDE



START A TEAM:

First Name: _____ **Last :** _____

Team Name: _____

Organization (if applicable): _____

Phone Number: _____ **Email:** _____

- \$35–5K Run /Walk** **\$40–10K Run /Walk**

Please complete the payment information at the bottom of this form. Once your payment is processed your team name will be registered at www.callen-lorde.org/rainbowrun. Please have additional team members join your team by registering online.

Payment Information:

Name on card: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Credit Card #: _____ **Exp Date:** _____ **CVV:** _____

Signature: _____

Please return form to Development Department, Callen-Lorde Community Health Center, 356 W 18th St, New York, NY 10011, or email Sunil Persaud at spersaud@callen-lorde.org or by phone at 212-271-7263, or visit callen-lorde.org/rainbowrun.

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