



**so many survivors,
1 journey, 1 goal, bringing hope**

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JOURNEY OF HOPE BREAST CANCER AWARENESS RUN

Dear Club Chairman,

Journey of Hope is calling on Motorcycle Clubs throughout South Africa to stand in unity and participate in a National Breast Cancer Awareness Run during September or October 2010. This will form part of the Fundraising Effort to achieve our goals as set out below.

The National Breast Cancer Awareness Run will form part of the build up to the **Journey of Hope Breast Cancer Ride 2010**, which will depart from Durban on 9 October and arrive in Cape Town on 16 October. Breast cancer survivors will set off on Harley-Davidson's to promote awareness for breast cancer and share the message of hope around South Africa.

The Journey of Hope Breast Cancer Ride has a powerful message to spread across South Africa. This campaign brings with it a message of hope and encouragement in an upbeat, positive and unique manner, in both the urban and the rural communities of the country, though the courage and the drive of these women, all breast cancer survivors. Through the journey funds will be raised to "shape change" in the lives of women who previously undergone a mastectomy.

The Objectives of the 2010 Ride

- To unite in our passion for creating awareness for early detection of Breast Cancer.
- Reach out to South Africans in an effective manner.
- Attend to selected major cities as well as rural areas in South Africa
- Assist in awareness through breast cancer support groups and collaborating with other Cancer NGO's.
- Fundraising events throughout the year to attract fundraising and create awareness.
- Apart from Awareness and Fundraising, to identify projects where JOH funds would be used to make a difference in the lives of women who had a mastectomy or to afford women the opportunity

to go on their own “Journey to wholeness”. This year the following project has been identified:

- Collaborate with Chris Hani Baragwanath Hospital in supplying the prosthesis’ and tissue expanders needed, as the Government is not paying for that.

HOW YOUR CLUB CAN PARTICIPATE IN THE AWARENESS RUN:

Due to time constraints, the Breast Cancer Awareness Run will not be co-ordinated as a mass ride in each town this year, but we would require each club to do their own Run **in aid of Journey of Hope. How this would be done:**

Register with Journey of Hope (Registration form attached).

Organise a local Awareness Run amongst your club members for any day in September or October to join hearts with all women who has travelled the road of breast cancer. This will also help us to further spread the word of hope and awareness around breast cancer .

The entry fee should be R100 per rider. For that amount each participant will receive a lovely Journey of Hope pin and a buff.

You inform us how many pins and bandana’s to send down to you by 5 September.

Should you be short on the day of the run, we will send the extras down after the ride for distribution to the participants who have not received theirs.

Should you have less amount of entries you envisaged, we would require you to send back the extras within a week after the Run.

The total amount for pre-entries (amount of pins and bandanas sent down beforehand) as well as for the additional entries on the day, would have to be paid in to the Journey of Hope Account the Monday after the Run and the deposit slip be faxed to the fax number on the entry form.

ACCOUNT DETAILS:

Journey of Hope – Current Account

NEDBANK 109114

ACC NO: 1091172455

REFERENCE: Name of Club – Breakfast Run

Please take time to view our website, www.journeyofhope.co.za. You can also pledge money on the website, should your club wish to make a contribution in aid of this wonderful project.

NATIONAL BREAST CANCER AWARENESS RUN CO-ORDINATORS:

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REGISTRATION FORM

JOURNEY OF HOPE BREAST CANCER AWARENESS RUN

CLUB NAME:

TOWN:

CHAIRMAN/CONTACT PERSON:

CONTACT DETAILS: **Mobile No:**
Work Tel. No:
Home Tel. No:
Fax No:
E-mail address:

POSTAL ADDRESS:

We would like to participate in the National Breast Cancer Awareness Run on..... (date).

Estimation of the amount of participants expected:

(This amount of pins and buffs will be forwarded to you)

Signed:

CHAIRPERSON:..... SECRETARY:.....

Date:.....