

# A.B.I. RESOURCES



NAME: \_\_\_\_\_ Outdoor Walking and/or Gym Exercise. Donations support all organizations listed.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>EXAMPLE</i> <i>DM / RB</i> <i>15mins</i>						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SPONSOR Name	\$ AMOUNT Per Walking / Exercise Minute	MONTH'S TOTAL TIME	SPONSOR'S TOTAL MONTH DONATION
<b>MONTH'S TOTAL CLIENT DONATION</b>			<b>\$ _____</b>

- o CCCI Connecticut Community Care.
- o WCAAA Western Connecticut Area Agency on Aging.
- o SWCAA Southwestern CT Agency on Aging.
- o Connecticut Children's Medical Center Foundation, Inc.
- o Gaylord Specialty Healthcare.
- o Hospital for Special Care.
- o The Connecticut Brain Tumor Alliance.
- o Brain Injury Alliance of Connecticut.
- o American Stroke Association.
- o NEAT – New England Assistive Technology.
- o WWF Adopt an African Elephant.
- o NAMI Connecticut National Alliance on Mental Illness.
- o Autism Services & Resources Connecticut, Inc. (ASRC)
- o Alzheimer's Association.
- o WWP Wounded Warrior Program

