



Name _____ Phone: (_____) _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Age: _____

**My Fundraising
Goal is:**

Please have sponsors prepay with checks **payable to Vitamin Angels**. Have your sponsors write your name and event name in the memo portion of the check (i.e. John Doe – SB Marathon). Contributions are tax deductible as long as they are made out Vitamin Angels. Please print legibly.

SPONSOR'S NAME (Please Print Legibly)	STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	AMOUNT PLEDGED	TOTAL PLEDGE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Email team@vitaminangels.org for questions and additional support. Remember, every amount you raise helps a child get the nutrients he/she needs to live a meaningful and productive life.