

BOWLING FOR BABIES FUNDRAISING SHEET

PARTICIPANT'S NAME: _____

I AM REGISTERED AS A(N): INDIVIDUAL FAMILY PART OF A TEAM _____

TEAM NAME: _____

MY FUNDRAISING GOAL IS: \$ _____

	NAME	EMAIL (OPTIONAL)	IN MEMORY OF (OPTIONAL)	AMOUNT
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Thank you for participating in this fun and important event! All funds raised go directly to support grieving families in southern Vermont. Pregnancy and Infant loss is not easy to think about or talk about so we thank you deeply for sharing this message with others and supporting us. You can use this form to collect funds in-hand as well as reach out online via email and facebook(search. event: Bowling For Babies) and direct people to our DONATE button on our website www.sharesv.org.

BECAUSE YOU GIVE ~ WE SHARE