

ANGEL NAMES ASSOCIATION Pledge Sheet

PO Box 423 * Saratoga Springs NY 12866 * www.angelnames.org



ANA's annual Memorial Walk held on October _____.

Fundraiser's Name: _____

I am raising money in memory of: _____

Dear Sponsor,

I am raising funds for *Angel Names Association* for their annual Memorial Walk held in October in honor of **Pregnancy Loss & Infant Death Awareness month**. All proceeds will help fund programs that aid families in need with funeral and cemetery expenses for babies who die before birth.

	Name of Sponsor	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Make checks payable to Angel Names Association. All contributions are tax-deductible. Thank you for supporting our mission to Help Families and Honor Lives.



Enclosed Cash, Checks, Money Orders:

\$

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ANGEL NAMES ASSOCIATION October Memorial Walk

Fundraisers:

Thank you for choosing to fundraise for Angel Names Association. We depend on you and your generosity to continue our mission to help families in need during one of the most tragic times of their lives.

As our thank you, every Fundraiser who raises a total of \$50 on their fundraising page will receive one special “Thank You” gift to show our appreciation for your efforts to help us continue our mission of *helping families and honoring lives*.

Please bring your fundraising sponsor form, along with your collected donations to our October Memorial Walk. We will have a Donation Table at our event where you can submit your donations and receive your “Thank You” gift. If you are unable to hand in your donations personally, please mail your collected donations to Angel Names Association, c/o Michelle Mosca, Founder / President, PO Box 423, Saratoga Springs NY 12866.

We hope to see you at this year’s annual Memorial Walk. For Walk registration information or questions, please visit www.AngelNames.org or contact us at mgmosca@msn.com or 518.654.2411.

THANK YOU for YOUR SUPPORT!