

SPONSORSHIP FORM



Miles and Millas
Angel's Pediatric Heart House
Resident Heart Shadow Buddies™

Yes. I would like to participate in the Angel's Pediatric Heart House CHD campaign by sponsoring a Heart Shadow Buddy™ for a child in the hospital.

I would like to sponsor _____ Heart Shadow Buddy(ies)™ at \$29.00 per doll.
(Example: Four – 4)

Form of Payment (please check one):

_____ Total amount paid

_____ Payment made through the Donate Now Through Network for Good on website

_____ Check is enclosed. Mail to Angel's Pediatric Heart House, P.O. Box 551432, Ft. Lauderdale, FL 33355

Print your message here (no more than 25 words):

Sponsor(s) Name(s): _____

Address: _____

Email Address: _____

You will receive a letter or email confirming your sponsorship. Sponsors will also be acknowledged on the website.

* Shadow Buddies is a registered trademark of the Shadow Buddies Foundation.