VBF International Day of Awareness Remittance Form

Name: _____ Phone:_____Email: _____

Name of Event: _____

State in which event took place:_____

Amount of money raised (if applicable)_____

Please provide us with a description of your event.

If you would like to **share photos of your event**, which may be used in our VBF Day of Awareness Newsletter, please email them to awareness@birthmark.org and reference the words VBF Day of Awareness in the subject line. We very much welcome your photos to share with VBF friends.

It has been our honor to work with you on this important campaign and we thank you for your contributions in helping to raise hope by raising awareness.

Kindly remit this form and all donations to the address below within 2 weeks of completion of your event.

Also, we kindly request that you sign and date this form. In doing so, you release the information above to VBF to be printed in our Day of Awareness Newsletter and/or on our website at www.birthmark.org. If you would like NOT to release this information to the public, simply return the form unsigned and we will honor your request.

Signature:_____ Date:_____

Vascular Birthmarks Foundation
P.O. Box 106, Latham, New York 12110 ~ 877 823 4646
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