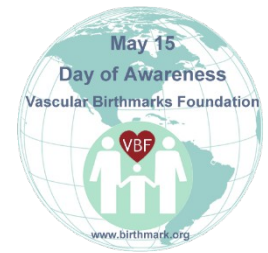




**Vascular Birthmarks Foundation
International Day of Awareness
May 15**



Remittance Form

It has been our honor to work with you on this important campaign and we thank you for your contribution in helping to raise hope by raising awareness. Kindly return this form and all donations to the address below within 2 weeks of completion of your event. If you need more time, please let us know at contact@birthmark.org.

Name: _____ Email: _____

Phone: _____

Name of Event: _____

Date and Location of Event: _____

Number of participants: _____ Amount of money raised (if applicable): _____

Please describe some highlights from your event.

If you would like to **share photos or media coverage of your event**, please email them to contact@birthmark.org and put the words *VBF Day of Awareness* in the subject line. If possible, save the photos with the name(s) of the people in the photo in the file name.

We respectfully request that you sign and date this form. In doing so, you release the information above, and any photos you submit to VBF to possibly be used in our promotional materials, social media posts, Annual Newsletter, and website www.birthmark.org.

Signature: _____ Date: _____

If you would like NOT to release this information to the public, check here and do not sign.