

“Wear BLUE” Fundraiser Submission Form

Please fill out and attach form with your contribution. Once we receive this information, this event will be posted on our website unless you wish otherwise. Please send form and funds raised to:

**Men’s Health Network
P.O. Box 75972
Washington, DC 20013**

**Questions:
Contact Karla Ortiz at:
202-543-6461x101
healthyfamilies@menshealthnetwork.org**



Name of Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Contact phone # _____

Email _____

of Participants: _____

Fundraiser Goal: \$ _____.

Amount Raised: \$ _____.

Additional Comments: _____

