

Bowling ^{for} Angels

A PROJECT ANGEL FOOD EVENT

Name / Contact _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Enclosed is a check # _____ made payable to: **Project Angel Food** in the amount of \$ _____
(please include a Bowler's or Team's name in the **MEMO**)

Please charge \$ _____ to my VISA/Mastercard/AmEx: Acct# _____
Exp. _____ CVC _____ Signature _____

**Please return this form with your payment to: 323-845-1818 (fax) or
BOWLING FOR ANGELS, Attn: Dina A. Bartello, Project Angel Food 922 Vine St., LA, CA 90038**

Questions: Dina A. Bartello, dbartello@angelfood.org, 323-845-1800 x210

bowlingforangels.org angelfood.org