



www.jacksangels.org  
661-977-3125



## “SKIP FOR JACK!” Sponsorship Opportunities for Skippers

Dear Potential Sponsor,

The “Skip for Jack” is an event for children of all ages that will begin the 2<sup>nd</sup> Annual Santa Colorita 5k Fun Run at Castaic Recreation Center on February 14, 2014, hosted by the SCV Chamber of Commerce. Registration for the Skip is only \$10! SKIP proceeds benefit **Jack’s Angels for DIPG Awareness and Research**, supporting the **“for Jack” DIPG research fund at Children’s Hospital Los Angeles**. Brain tumors are the leading cause of cancer-related death in children and one of the least-funded areas of research. DIPG has no survivors and is responsible for roughly 80% of the pediatric brain tumor deaths each year. We hope that you decide to sponsor a child! Please choose your donation considering your resources and care for this cause.

Any amount helps greatly, and has our sincere appreciation. Thank you!

Sincerely yours,

Janet Demeter, *President Jack’s Angels Inc*  
32520 Wagon Wheel Rd., Santa Clarita 91390  
[jacksangels1@gmail.com](mailto:jacksangels1@gmail.com), 661-977-3125

*Note to skippers: Please fill out your portion completely with your information and that of your parents.*

Name of skipper: \_\_\_\_\_ age, grade: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_  
Parent/Guardian names: \_\_\_\_\_ other info: \_\_\_\_\_

I authorize my child’s participation in the “Skip for Jack” sponsorship program, and realize that his/her time acquiring sponsorships constitutes Community Service credit and will be verified and commended accordingly.

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_  
Log of Hours: \_\_\_\_\_ Total: \_\_\_\_\_

### Sponsor Pledges

*Suggested Amounts: \$10, \$25, \$50, \$100 payable to: Jack’s Angels Inc*  
tax ID# 46-1320003, cash, check, bankcard(attach required info as described below)or Paypal\*  
Your information will not be shared.

NAME	ADDRESS/PHONE/EMAIL	\$AMOUNT
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

*\*For Bank Card payments, please include, on a separate sheet of paper for your sponsee, the type of card—VISA, MC, or AMEX; the name on the card, billing address, expiration date, and security code for timely processing, payable to “Jack’s Angels Inc” Or, go to [www.jacksangel.org](http://www.jacksangel.org) and donate using your sponsee’s name in the memo with “Sponsor the Skip”. Thank you!*



For more information about Children’s Hospital Los Angeles, visit: <http://www.chla.org>