

Host and Hostesses!

YES! COUNT ME IN! I/we would like to participate by hosting the following event/restaurant evening:

Date _____ Location _____

How many people will be at your event? _____

Your Name _____

Business/How you would like your name to appear: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Please complete the above information and mail to:

**7 Days for SIDS
P.O. Box 43366
Cincinnati, OH 45243
Or fax to 513-761-1703**



A One Week Fundraiser For Sudden Infant Death Syndrome

Because when we put an end to SIDS, we all sleep better at night.

Thank you for your support!