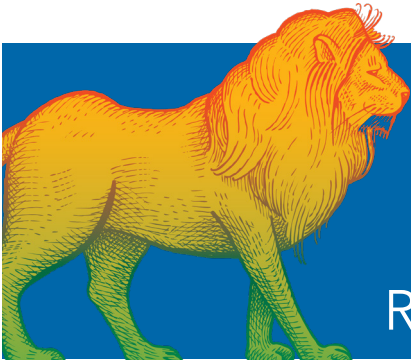


My name is _____ and I am _____ years old.
 (name) (age)



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and join me in raising funds to support
 Rady Children's Patient Experience Programs!

Circle the Patient Experience Program you are fundraising for:

Books & Toys

Paws & Playtime

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Raising funds to support _____ is important to me because:

Join my pack and donate today to help support Rady Children's Patient Experience Programs