

Hunger Challenge Summary Sheet

Page No. _____ of _____ (AC-7975)

Today's Date _____ Date(s) of Event _____

Name _____ Name of Participating Organization _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ E-mail _____ Fax _____

Total of participating youth _____ Age Range _____ School _____ Church _____ Club _____ Other _____

Name of Participant	M/F	Age	\$ Amount Raised	Shirt Size

(If individual amount raised was more than \$150)

TOTAL \$ Amount Raised: _____

*Please forward this form, along with collected funds, to Outreach International, PO Box 210, Independence, MO 64051.
DO NOT send cash – Make checks payable to Outreach International. All checks will be receipted.*

