



Shape Our Future

Help ViSalus Donate 1,000,000 Shake Meals to Children in Need

The ViSalus Body by Vi™ Challenge has helped thousands of people achieve their personal health and fitness goals and enjoy greater financial prosperity along the way. To celebrate this prosperity in the spirit of contribution, ViSalus is proud to launch the Body by Vi™ Community Challenge, an initiative that allows you to donate Vi-Shape® shake meals to children and families who don't have the means to get the nutrition they need each day.

We have made it our goal as a company to donate 1,000,000 meals through this Challenge, and with your help we can make a significant difference in a child's life starting today.



Donate 30 shake meals for just \$24
and ViSalus will match with an additional 30 shake meals (60 meals per pouch)

Feed a child for less than 50 cents per meal

Make an impact in your community, and around the country

Your generosity can shape the future of communities across the world. If you have a charity that can use our support, please work with your local ViSalus City Committee or let us know at giving@visalus.com



Join the Body by Vi™ ^{community!} Challenge

Initial Donation:

I would like to make _____ donations of 30 childrens' shake meals at \$24 per donation. ViSalus will match each donation with 30 more meals.

Recurring Donation:

I would like to make _____ donations of 30 childrens' meals per month at \$24 per donation beginning next month. ViSalus will match each donation with 30 more meals. I understand I can cancel at any time by calling (877) VISALUS.



*Shake Supplement Meal

Billing Information

Full Name on Credit Card: _____

Billing Address: _____

Apt/Suite: _____

City: _____ State: _____ Zip: _____

Fill in your ID number or the Name and ID number of the ViSalus Customer or Distributor signing you up today:

Last Name: _____ First Name: _____

Distributor ID # or SSN: _____

Fax Form to 877.547.1570

Credit Card Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration Date: _____ Security Code: _____

Card Type: Visa MasterCard Discover American Express

Cardholder Signature: _____

I authorize ViSalus Sciences to charge my account for the amount listed. I promise to pay such amount to and in agreement governing the use of such card. I understand that ViSalus Sciences will apply Taxes, Shipping and Handling charges to my order. If order is Autoship, I authorize ViSalus to ship these products monthly. Cancellations must be submitted 5 days prior to the Autoship date.

Each donation counts as \$24QV/ \$12BV