



Collect pledges online at www.4kidsake.org or fill out the pledge sheet below and bring to the event for admission.

INDIVIDUAL GOAL \$160
Receive a Commemorative FKS T-Shirt

TEAM GOAL \$960
Help support 1 Big/Little Match

FUNDRAISER'S NAME _____ ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____

TELEPHONE _____ WORK TELEPHONE _____ TEAM NAME _____ COMPANY NAME _____

If a donor's employer offers matching funds, please indicate so. Companies require submitted forms and date of payment before KSBBS receives the matching funds. Go to 4kidsake.org for a complete list.
Please include donor emails for billing. If you have pre-entered online sponsors, please print and bring to event.

1. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

2. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

3. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

4. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

5. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

6. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

7. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

8. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

9. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

10. NAME _____ ADDRESS _____ APT # _____ PLEDGE (\$10 minimum) _____ PAID

CITY _____ STATE _____ ZIP _____ PERSONAL EMAIL ADDRESS FOR BILLING _____ TELEPHONE _____

*Please use personal address for best results



PLEASE FILL IN ALL TOTALS

Sponsors to be billed \$ _____

Cash/checks attached \$ _____

Website \$ _____

Matching Funds \$ _____

Grand Total \$ _____