



Collect donations online at www.4kidsake.org or fill out the pledge sheet below and return to KSBBS along with your cash and checks.

 **INDIVIDUAL GOAL \$150**
Receive a Commemorative FKS T-Shirt

 **TEAM GOAL \$1000**
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) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
2.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
3.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
4.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
5.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
6.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
7.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
8.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
9.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	PAID
	CITY _____	STATE ZIP _____	PERSONAL EMAIL ADDRESS FOR BILLING _____		TELEPHONE _____	
10.	NAME _____	ADDRESS _____	APT # _____	PLEDGE (\$10 minimum) _____	<input type="checkbox"/>	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 \$ _____