

DEFENDERS OF Potential

BOWL FOR KIDS' SAKE

All of the money raised here stays here.



PLEASE PRINT

Bowler's Name (First, Last) _____ Email Address _____ Phone # _____
 Street/City/State/Zip _____ yes no yes no
 Place of Employment _____ Matching Gift Program? _____ Team Name _____ Are you a Team Captain? _____

\$1,500 funds a match for a year.

Sponsors may pay now or wait for a pledge statement to arrive in the mail or email. **We will only bill pledges of \$15 or more.** Please fill out each field for all sponsors and mark the form of payment (Cash, Check, Bill). If your sponsor would like to make a monthly contribution, please select the Monthly Gift box.
A minimum of \$100 per bowler is required to participate in this event.

Check a payment type Cash / Check / Bill			Sponsor Name (First, Last)	Email Address	Street Address	Zip Code	Phone # (502) 555-5555	\$\$	Monthly Gift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
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For official use only: AT EVENT RECONCILIATION

Cash _____
 Check _____
 Credit Card _____
 Online _____
 Pledges _____
 (to be billed by BBBS)

TOTAL RAISED: _____

LANE #: _____

FUND VERIFICATION:

Staff: _____ (initials) Bowler: _____ (initials)

For official use only: POST-EVENT RECONCILIATION

First Office Check

Cash _____
 Check _____
 Credit Card _____
 Online _____
 Pledges _____
 Date: _____ Staff: _____

Input Office Check

Cash _____
 Check _____
 Credit Card _____
 Online _____
 Pledges _____
 Date: _____ Staff: _____

Event ID: _____

THANK YOU FOR SUPPORTING BIG BROTHERS BIG SISTERS!