

# 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: \_\_\_\_\_

**Input Office Check**

Cash \_\_\_\_\_  
Check \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Online \_\_\_\_\_  
Pledges \_\_\_\_\_  
Date: \_\_\_\_\_

Event ID: \_\_\_\_\_

Staff: \_\_\_\_\_

**THANK YOU FOR SUPPORTING BIG BROTHERS BIG SISTERS!**