



HoA Aloha Autism Awareness Bowling Event FUNDRAISING SHEET

Complete and return with collected donations in an envelope at the event check-in table.

Team/Sponsor Name: _____ **Event day phone:** _____

Fundraising Goals As a team, our goal is to raise \$ _____.

Each team member, including myself, has been challenged to raise \$ _____.

My Name: _____ Please list your address on the back of this form if you did not submit it through registration. Good Friend Inc. is required by law to have addresses of donors for tax purposes.

Use the form below to record donations. Donors who complete their name and address will receive a letter of acknowledgement for tax purposes after the event.

	Name	Address City, State Zip	Email (optional)	Dona- tion	Cash/Check# /Online	Rec'd ?
Ex.	<i>Chelsea Budde</i>	<i>808 Cavalier Dr. Waukesha, WI 53186</i>	<i>chelsea@good friendinc.com</i>	<i>\$20</i>	<i>#1532</i>	<i>✓</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

My collected cash and check pledges total \$ _____

Online donations I should be credited for total \$ _____. **MY TOTAL PLEDGES:** \$ _____

I have notified chelsea@goodfriendinc.com about the individual online donor(s). YES / NO