

ROCKIN' FOR FOOD FRIEND

AUTISM ACCEPTANCE BOWLING EVENT FUNDRAISING SHEET

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 \$100.

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 table 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, ST Zip	Email (optional)	Dona- tion	Cash/Check# Online	Rec'd ?
Ex.	Chelsea Budde	21005 Watertown Rd. Waukesha, WI 53186	chelsea@good friendinc.com	\$20	#1532	✓
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 verified my online donation(s) through the event website spreadsheet. YES / NO