

FUNDRAISING FORM

Monies can be submitted online at Race.KomenPhiladelphia.org.

Race Number _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ CELL ____ DAY ____ EVENING ____

E-mail Address _____

Team Name* _____

** This information is required for the Team Fundraising Challenge*

PRINT FULL NAME OF SUPPORTER	PHONE	DONATION	TOTAL PAID
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
<i>Attach sheet with additional names as needed</i>		Amount Enclosed	
		Total Submitted to Date	

Double Your Money If you or any of your supporters are employed by a company that has a Matching Gift Program, please complete and return the employer's Matching Gift form with this fundraising form to ensure proper credit to your fundraising total.

Make checks payable to:
Philadelphia Affiliate of SGK
Send to: 125 South 9th Street, Suite 202
Philadelphia, PA 19107

NOTES

- Contributions are tax deductible to the extent of the law.
- All fundraising money must be received by June 1 in order to be considered for prizes and rewards.
- All information on this fundraising form must be completed to ensure proper credit to you.
- Fundraising rewards may be picked up during Race weekend with proof of total submitted.
- This form may be duplicated; additional forms also available on our website.
- If you are part of a team, you must provide your correct team name to ensure proper credit to your team fundraising total.
- Participants are limited to one fundraising reward level or prize.
- Visit Race.KomenPhiladelphia.org to monitor your fundraising totals & get additional fundraising tips.

FOR OFFICIAL USE ONLY Amount \$ _____

Date _____ Location _____ Initials _____

Prize Given: CH _____ SS _____ Initials _____ Date _____