

Kids Caring & Sharing Participant Submission Form

Academic Year: 20 __ - 20 __

School Corporation Name:

School Name:

School Address: (Street/PO Box)

(City)

(Zip)

(IN County)

School Phone:

School Fax:

Principal:

Principal's Email:

KCS Project Coordinator:

Coordinator's Email:

School Enrollment:

Amount Raised: \$

Please tell us what you did to raise the funds for your gift:

If your gift is given in honor of someone, who may we notify of your generosity?

(Name)

(Street/PO Box)

(City)

(State)

(Zip)

An acknowledgement letter for gifts greater than \$250 will be sent to the name and address printed on each check received with all gift amounts credited to the school's Kids Caring & Sharing account record. Receipts will be sent for all gifts under \$250.

Gifts received prior to June 30 of the current academic year will be counted in that year's giving total. All gifts received after July 1 will be counted in the next academic year total.

Please send your gift in a check or money order payable to the **Riley Children's Foundation**
30 S. Meridian St., Ste. 200
Indianapolis, IN 46204
Attention: KCS