

Kids Caring & Sharing Participant Submission Form



Academic Year: _____

School Name: _____

School Address: (Street/PO Box) _____

(City) _____ (Zip) _____ (IN County) _____

School Phone: _____ School Fax: _____

Principal: _____

Principal's E-mail: _____

KCS/Kick Off for Kids Project Coordinator: _____

Coordinator's E-mail: _____

School Enrollment: _____ Amount Raised: \$ _____

What great fundraising ideas helped you reach your goal?: _____

If your gift is given in memory or honor of someone, please tell us the name and address of the individual or family and we will be happy to contact them with news of your thoughtfulness.

(Name) _____

(Street/PO Box) _____ (City) _____ (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 closing 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.*

PLAYBOOK

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