

RECORD OF TOTAL FUNDS RAISED

Use this form to keep track of funds raised. Make extra copies of form as needed.

	030 11113 1011	ose this form to keep truck of funds faised. Make extra copies of form as needed.				
	Please print	t information:				
	Walker:					
Special Needs		First Name		Last Name	_	
5K Walker Sponsor Form	eMail:		Phone:		_	
PLFASE MAKE CHE	CKS OR MONE	Y ORDERS PAYABLE	TO: ALL SCHOOL	S SPECIAL NEEDS		

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: ALL SCHOOLS SPECIAL NEEDS					
	Donor Name	Home Phone	eMail	Check/M. O. #	\$ Amount:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Please mak	e all ch	iecks p	ayabl	e to:
ALL SCHOO	LS SPE	CIAL NI	EEDS	

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