Killian School Jog-a-thon Pledge Sheet

Jogger's Name_____ **Room #** _____

Teacher's Name_____ **Total Laps**_____

On Friday, March 18th, I will jog/walk 30 minutes to help fund student activities at Killian.

Sponsor's Name	Phone Number	Flat Rate Donation	Pledge Per Lap	Total

PLEASE DO NOT TOTAL DONATIONS. THIS WILL BE DONE FOR YOU AFTER THE JOG-A-THON.

TOTALS SIDE 1		+		
			TOTAL SIDE 2 ➡	
			TOTAL DOLLARS PLEDGED	
			TOTAL AMOUNT COLLECTED	
			TOTAL AMOUNT DUE	

PLEASE MAKE CHECKS PAYABLE TO KSCA

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Sponsor's Name	Phone Number	Flat Rate Donation	Pledge Per Lap	Total

TOTAL SIDE 2

PLEASE DO NOT TOTAL DONATIONS. THIS WILL BE DONE FOR YOU AFTER THE JOG-A-THON.

SIDE 2 TOTALS _____ **+** _____ _____