

WALK-A-THON SPONSOR CARD

Participant's Name	Knollwood P.T.O. Fundraiser
Address, City, State, Zip Code	Grade, Teacher, Room #
	Home Phone #:

**** PLEASE CIRCLE OR WRITE IN THE AMOUNT YOU WISH TO PLEDGE**

	Pledge Amount				\$	Name	Address	Phone #
1	\$10	\$15	\$25	\$50				
2	\$10	\$15	\$25	\$50				
3	\$10	\$15	\$25	\$50				
4	\$10	\$15	\$25	\$50				
5	\$10	\$15	\$25	\$50				
6	\$10	\$15	\$25	\$50				
7	\$10	\$15	\$25	\$50				
8	\$10	\$15	\$25	\$50				
9	\$10	\$15	\$25	\$50				
10	\$10	\$15	\$25	\$50				
11	\$10	\$15	\$25	\$50				
12	\$10	\$15	\$25	\$50				
13	\$10	\$15	\$25	\$50				
14	\$10	\$15	\$25	\$50				
15	\$10	\$15	\$25	\$50				
16	\$10	\$15	\$25	\$50				
17	\$10	\$15	\$25	\$50				
18	\$10	\$15	\$25	\$50				
19	\$10	\$15	\$25	\$50				
20	\$10	\$15	\$25	\$50				

**** THANK YOU FOR YOUR SUPPORT.PLEASE RETURN BY 10/12/2012
PLEASE MAKE ALL CHECKS PAYABLE TO “KNOLLWOOD P.T.O.”**