BOWL-A-THON

For The

Illinois-Eastern Iowa District
Kiwanis International
Spastic Paralysis Foundation
2005-2006 Pledge Sheet

Name of Kiwanian: _____ Kiwanis Club: _____

Street Address: _____ Division __8_____

City: _____ Zip: _____ Phone_____

IMPORTANT: Checks and this pledge sheet must be mailed by May 1, 2006 to Bowl-A-Thon Chair: Kathy Bloom
154 North 8th Avenue, Des Plaines, IL 60016
(847) 296-8575 datzbloom@sbcglobal.net

Make checks payable to:
Illinois-Eastern Iowa District
Spastic Paralysis Foundation

Bowler's Score _____

LIST OF SPONSORS

NAME	STREET ADDRESS	CITY	PHONE	AMT. PLEDGED PER PIN	TOTAL	SPONSOR'S SIGNATURE	DONATIONS ONLY