2003-2004 Illinois-Eastern Iowa District
Spastic Paralysis Research Foundation
Bowl-a-thon Pledge Sheet

Name of Kiwanian:_____ **Kiwanis Club:**_____

Street Address:_____ **Division:**_____

City:_____ **State:**_____ **Zip:**_____ **Phone:**_____

IMPORTANT: Checks and this pledge sheet must be returned to your Lt. Governor or Division Bowl-a-thon Coordinator no later than March 15, 2004 (or as directed by the Lt. Governor or Coordinator.)

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

2003-2004

Bowler's Score _____

Name	Address	Phone	Per Pin Pledge	Flat Donation	Total