Ask your friends, family and neighbors to support your child's reading by pledging to pay a small amount for each day you participate in a reading activity.

Multiply the # days by the pledge amount or make a flat donation!

| Student's Name: | Teacher: |
|-------------------|----------|
| Siddeili 3 Manie. | |

Start Date & End Date: Monday, March 2nd to Friday, March 13 = 12 Days

My goal is to raise \$100 for LAUNCH PRESCHOOL!

| | | | Pledge Amount Per Day Flat | | | |
|----|----------------|---------------------------|-------------------------------|----------|-----|--------|
| | Sponsor's Name | E-Mail | (7 days) | Donation | Tot | al Due |
| Α | SAMPLE - MOM | ilovereading@mail.me | \$ 5.00 | | \$ | 35.00 |
| В | SAMPLE - DAD | supportliteracy@email.org | | \$ 25.00 | \$ | 25.00 |
| 1 | | | | | | |
| 2 | | | | | | |
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| 9 | | | <u>.</u> | | | |
| 10 | | | | | | **** |
| 11 | | | | | - | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | - | |
| 15 | | | | | | |

RETURN THIS FORM TO YOUR TEACHER ON MONDAY, MARCH 2ND PLEDGE MONEY TO BE COLLECTED/TURNED IN WEDNESDAY, MARCH 18TH