WomenCARE

# STRIKE OUT AGAINST CANCER BOWLING BENEFIT

## Santa Cruz Boardwalk Bowl

## Pledge Sheet

**Team Name** _____ **Bowler (you)** _____ **Phone**_____

**Address/City/Zip**_____ **Email** _____

**INSTRUCTIONS:** It's easy!
* Use this sheet to sign-up your sponsors. * Pledge goal is $500+ per team. *****Help us meet our $70,000 goal! *****100% of proceeds go to cancer support services
* Ask friends, family, and co-workers to make a contribution to support your efforts. * Have contributors/sponsors make checks payable to: **WOMENCARE.**
***** Pledges can also be made directly to you or your team at **StrikeOutAgainstCancer.org**
***** Track pledges and make a copy of your pledge sheet - this will help when sending thank you cards (available online, at the event, or by contacting WomenCARE).
* **Please bring all of your cash/check contributions and this form with you when you bowl * Online donations will be added to your cash/check donations**

**Please include name, address and zip code. Please print legibly (Please make extra copies if needed or use the back).**

| Name | Address/Street/Zip or EMAIL Address | Amount Received | Cash/ Check |
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**Thank you!** **Total $**_____

**INSTRUCTIONS FOR THE DAY OF THE EVENT:**

- **Arrive 15 minutes** prior to your assigned time slot. **PLEASE DON'T BE LATE.** Allow time to check in, turn in your donations and this pledge sheet, get your bowling shoes, find a ball and schmooze.
- Bowl one game with your team, and enjoy complimentary refreshments. Awards will be announced after each session and after the event.
- Listen for your name to be called during the raffle give-away during your session. Extra raffle tickets may be purchased at the event.

**Questions? Call WomenCARE 831-457-2273 or email bowling@womencaresantacruz.org**
**Thank you for your support!**

*WomenCARE is a program of Family Service Agency of the Central Coast and is a non-profit, 501(c)(3) organization. Your donation is tax deductible to the fullest extent allowed by law.* ***Tax I.D. # 94-1716354***

| Name | Address/Street/Zip or EMAIL Address | Amount Received | Cash/ Check |
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**Total $_____**