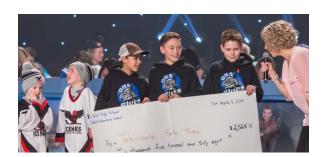


## SCHOOL FUNDRAISING FORM



Name of School:	
Shipping Address:	
Town/City:	Province: SK Postal Code:
Number of Students at the School:	Grades Involved in Fundraiser:
Date:	<del></del>
Contact Person:	
Phone Number: ()Email A	
Elementary School Fundraising Kit: # (max 2)  Schools with an enrollment of 250	High School Fundraising Kit: # (max 2) or more may choose to receive 2 kits
Balloons: # Stickers: # Fundraising Sheet? □(Check for Yes)	Posters: #
Describe the event(s) you have planned:	
We would love to share photos or video of your ex (We will assume that everyone in the submitted content gave us permission	
Or tag us!  Telemiracle  telemiracle.official	#ringthosephones  @Telemiracle #SKCharity  #makingmiracles
Send School Fundraising Forr	m or event photos and videos to
	<u>Ptelemiracle.com</u>
If you have any qu	uestions, email or call
	sion 2, in Saskatoon or
	7-777-8979 ext. 2.

Forms may also be mailed to the office at Kinsmen TeleMiracle 2217C Hanselman Court, Saskatoon SK S7L 6A8

For Office Use Only				
Shipped via	Date sent		☐ School Database	