

Pledge Form - Erika Kate Foundation



Fundraiser's Information

Fundraiser's Name: _____
 Team Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Phone: _____

Donors' Information

Donor Name:	Amount:	Cash or Check # _____
Address:		
City:	State:	Zip Code:
Email:	Phone:	

Donor Name:	Amount:	Cash or Check # _____
Address:		
City:	State:	Zip Code:
Email:	Phone:	

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Address:		
City:	State:	Zip Code:
Email:	Phone:	

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Address:		
City:	State:	Zip Code:
Email:	Phone:	

Donor Name:	Amount:	Cash or Check # _____
Address:		
City:	State:	Zip Code:
Email:	Phone:	

Total Amount Enclosed: \$ _____

Questions? Email Dion at dion.bos@erikakate.org

Make checks payable to Erika Kate Foundation

Tax receipts are only distributed for amounts over \$250 unless requested. If you require a tax receipt, please email info@erikakate.org.

If your employer has a matching funds program, your donation will go twice as far! Please attach the necessary forms.