

# KIDS HELPING KIDS 'CAUSE KIDS MATTER EVERYWHERE

## PARTICIPATION FORM

#1 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school? \_\_\_\_\_ What town do you live in? \_\_\_\_\_

Are you participating as part of a club? If yes, what is the name of the club? \_\_\_\_\_

#2 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school? \_\_\_\_\_ What town do you live in? \_\_\_\_\_

Are you participating as part of a club? If yes, what is the name of the club? \_\_\_\_\_

#3 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school? \_\_\_\_\_ What town do you live in? \_\_\_\_\_

Are you participating as part of a club? If yes, what is the name of the club? \_\_\_\_\_

#4 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school? \_\_\_\_\_ What town do you live in? \_\_\_\_\_

Are you participating as part of a club? If yes, what is the name of the club? \_\_\_\_\_

## FUNDRAISING DETAILS

What kind of fundraiser will you be doing? \_\_\_\_\_

Date of fundraiser: \_\_\_\_\_ Time of fundraiser: \_\_\_\_\_

Location of fundraiser \_\_\_\_\_

## SELECT YOUR PROJECTS

- |  |   |
|--|---|
| <input type="checkbox"/> Purchase solar lanterns so children will have light   | Quantity: _____ X \$ 20 each = \$ _____ |
| <input type="checkbox"/> Buy a pair of shoes for a child who has none  | Quantity: _____ X \$ 20 each = \$ _____ |
| <input type="checkbox"/> Buy wood working tools so boys can learn a trade  | Quantity: _____ X \$ 50 each = \$ _____ |
| <input type="checkbox"/> Buy a new blanket and basic essentials for one child  | Quantity: _____ X \$100 each = \$ _____ |
| <input type="checkbox"/> Provide a hot nutritious lunch for a child for a month  | Quantity: _____ X \$ 35 each = \$ _____ |
| <input type="checkbox"/> Buy a cement block to help build a secure food storage room<br><i>(\$2,500 is needed in total to build a room to store rice, beans,<br/>and oil so a school will qualify for a food donation program)</i> | Quantity: _____ X \$100 each = \$ _____ |
| <input type="checkbox"/> Provide one hot nutritious lunch for an entire school   | Quantity: _____ X \$250 each = \$ _____ |
| <input type="checkbox"/> Provide a play area for pre-school children within the Women<br>and Children's Center so moms can work worry-free   | Quantity: _____ X \$600 each = \$ _____ |
| TOTAL AMOUNT OF YOUR GOAL \$ _____   |   |

Name of the main contact for this project: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return this form by: mailing to To Love a Child, Inc., PO Box 165, Clifton Park, NY 12065  
e-mailing to [directoratTLC@aol.com](mailto:directoratTLC@aol.com) faxing to 518-877-0056

Questions: Call 518-859-4424