

LACONIA CHRISTIAN SCHOOL

Shoot-Out Pledge Form

My Goal Is:	
<input type="checkbox"/>	\$ 150
<input type="checkbox"/>	\$ 250
<input type="checkbox"/>	\$ 500
<input type="checkbox"/>	\$ 1,000
<input type="checkbox"/>	\$ 1,500

Name: _____

Address: _____

Phone: _____ E-Mail _____

I am an/a: ___ student ___ alumnus ___ parent ___ friend of LCS

Please PRINT all information

First		Last			
Address					
City		St	Zip		
Email		Phone			
\$100	\$50	\$25	\$15	Other \$	PAID

First		Last			
Address					
City		St	Zip		
Email		Phone			
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City		St	Zip		
Email		Phone			
\$100	\$50	\$25	\$15	Other \$	PAID

Please make additional copies, as necessary - FAQ's on Reverse Side