



Changing the World One Pair at a Time™

Student Fundraising Program

Student Name _____ Teacher Name _____

Organization Name _____ Due Date _____ Goal _____

www.giveshoes.org
(866) 521-7463

Please print clearly. Your tax receipt will be mailed to this address.

Donor Name	Street Address	City, State, Zip	Email	Total Pairs of Shoes		Total Amount Donated
				Flip Flops (\$5 pair)	Clogs (\$10 pair)	
SAMPLE <i>John Doe</i>	<i>1234 Main Street</i>	<i>Any City, State, 37220</i>	<i>johndoe@email.com</i>	<i>2</i>	<i>3</i>	<i>\$ 40.00</i>

Make checks payable to Soles4Souls, Inc. a 501(c)(3) organization.



Grand Total Submitted \$

Notes _____

Verified by _____