

KHS Soccer Booster Club

Contribution for the 1st Annual Soccer G.O.A.L.S. (Guided Opportunities and Leadership Symposium)

Name of Contributor:			_
Address:	_ City/State: _	Zip:	
Email Address:			<u> </u>
Phone Number:			
Yes, I will support the KHS I with a donation of \$ Other contribution in materia	•		_
Please keep my gift confiden	tial.		_
Contribution Categories:			
\$0 - \$99 (Kick Off)		_\$500 - \$999 (Goal)	
\$100 - \$249 (Direct Kick) \$1,000 and higher (Hat Trick))
\$250 - \$499 (Corner Kick)			
Name and/or Logo to appear on sponsorship list/board: high-resolution logo in EPS format to: soccerGOALS2024@gmail.com)			(Please submit
Sponsorship Selection:			
Keynote	Lunch		Venue
Breakout Session	Overal	ll Event	No Preference
Use the link or the QR Code below	w OR	Checks can be made out to:	
https://square.link/u/0UDRacaG		KHS Soccer Booster Club	
		Send your contribution to:	
		Kaukauna High School % KHS Soccer Booster Club 1701 County Road CE	
Control of the Contro	1	Kaukauna WI 54130	

Thank you for supporting our fundraising efforts. We appreciate your support and contribution!

Note: We are a 501 (c) (3) organization, tax identification number 03-0377938. Please keep a copy of this contribution letter. It serves as a receipt for your tax-deductible contribution and certifies that there were no goods or services provided for this contribution. We will not sell or loan your email or mailing address to anyone.