



ABC READ-A-THON PLEDGE SHEET



Please return your pledge envelope to
your class ABC liaison by **Wednesday, April 8th.**

DONOR NAME	PHONE # / ADDRESS	PLEDGE (PER HOUR OR FLAT RATE)	TOTAL DONATION
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$

DATE	MINUTES READ
Friday, 3/27	
Saturday, 3/28	
Sunday, 3/29	
Monday, 3/30	
Tuesday, 3/31	
Wednesday, 4/1	
Thursday, 4/2	
Friday, 4/3	
Saturday, 4/4	
Sunday, 4/5	
10 day total of minutes =	

☐ WE WOULD LIKE TO INCLUDE THE NAMES OF AWARD WINNERS
IN OUR NEXT NEWSLETTER. IF YOU DO **NOT** WANT YOUR CHILD'S
NAME INCLUDED, PLEASE CHECK THIS BOX.

Total Collected:



STUDENT NAME: _____
(FIRST & LAST)

TEACHER/GRADE: _____

SCHOOL: _____

I certify that I read _____ minutes during
the Academic Booster Club Read-a-thon.

STUDENT SIGNATURE: _____

I certify that my child read _____ minutes
during the Academic Booster Club Read-a-thon.

PARENT SIGNATURE: _____

The Academic Booster Club is a 501(c)(3) Non-Profit. Your donation is tax deductible.
Checks can be made payable to ABC (Academic Booster Club)