

Change of Heart

CHANGE A LIFE WITH YOUR SPARE CHANGE

COMMUNITY FUNDRAISER FOR Jacob's Heart.

Thank you for your interest in completing a *Change of Heart* fundraiser for Jacob's Heart. **PLEASE FILL OUT THIS INITIAL APPLICATION** and return it to the Jacob's Heart Family Support Center or email to Ishtar@jacobsheart.org at least six weeks before you'd like to distribute jars to classrooms.

STUDENT INFORMATION: (please attach additional pages if needed)

1.	FIRST NAME	LAST NAME	PHONE	EMAIL
2.	FIRST NAME	LAST NAME	PHONE	EMAIL
3.	FIRST NAME	LAST NAME	PHONE	EMAIL

SCHOOL INFORMATION:

SCHOOL NAME	ADDRESS

SUPERVISOR INFORMATION:

SUPERVISOR'S NAME	TITLE	PHONE	EMAIL
SIGNATURE			DATE

The School Supervisor will help the student(s) with the fundraiser and will be accountable for all the activities students do while completing the fundraiser on school property. The School Supervisor will also be accountable for keeping donations secure while jars are in the classrooms through to the donation being dropped off at Jacob's Heart.

PROPOSED DATES:

PREPARATION DATE: Submit signed application at Jacob's Heart, pick up flyers & jars.

ACTIVATION DATE: Jar distribution to classrooms, class presentations & flyer distribution to students

COLLECTION DATE: Date jars will be collected + counting party at Jacob's Heart.

PREPARATION DATE	
ACTIVATION DATE	
COLLECTION DATE	

Jacob's Heart[™]
CHILDREN'S CANCER SUPPORT SERVICES

680 West Beach Street, Watsonville CA 95076 ♥ 831-724-9100 ♥ jacobsheart.org/change

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CHANGE A LIFE WITH YOUR SPARE CHANGE

WHY DO YOU WANT TO PARTICIPATE IN A CHANGE OF HEART FUNDRAISER?

HOW WILL YOU ENCOURAGE PEOPLE TO PARTICIPATE IN CHANGE OF HEART?

(flyers, announcements, school newsletter)

WHO CAN HELP YOU IF YOU ARE HAVING ANY PROBLEMS WITH YOUR FUNDRAISER?

(List at least three different people and how they may be able to give you extra support.)

By signing below, I agree that the information presented in this application is accurate. I also agree to be supervised by a Jacob's Heart staff member as well as my School Supervisor in completion of my project. I agree to take their recommendations and direction through the process to have the most successful fundraiser.

STUDENT SIGNATURES:

1.	SIGN	PRINT	DATE
2.	SIGN	PRINT	DATE
3.	SIGN	PRINT	DATE

PROPOSED DATE/TIME FOR PRESENTATION: _____

Our *Change of Heart* program dates run from _____ to _____

Jars will be distributed the week of: _____

Jars will be collected the week of: _____

Number of Students in your Class: _____

