

BIG TICKET SAVINGS CARD

WHO CAN I ASK TO SUPPORT ME?

This fundraiser will be a success if you develop a quality list of your supporters to contact!

**Reach out to your list in person, by phone, by text or email and you will be successful!*

	NAME	CELL PHONE	EMAIL	TEXT	CALL	PURCHASE
	<i>Bob Johnson</i>	<i>000-000-0000</i>	<i>bob.johnson@me.com</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
1.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
11.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
12.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
13.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
14.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
18.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
19.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
20.				<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

- Mom & Dad
 - Step Parents
 - Brothers & Sisters (older)
 - Grandma & Grandpa
 - Aunts & Uncles
 - Cousins
- Religious Members
 - Co-Workers
 - Neighbors
 - Family Friends
 - Holiday Card Lists
 - Former Coaches
- Accountant
 - Chiropractor
 - Dentist
 - Doctors
 - Hair Stylist
 - Insurance Agent
- Massage Therapist
 - Mechanic
 - Mortgage Broker
 - Orthodontist
 - Personal Trainer
 - Real Estate Agent