

Day of the Letter Drive BRING 20 STAMPS along with this sheet filled out with 10 legible addresses.

Name of Runner: _____ Grade _____

1 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

6 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

2 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

7 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

3 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

8 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

4 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

9 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

5 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

10 NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____