

SPONSOR PLEDGE FORM

FIRST		LAST					
ADDRESS		CITY					
ST	ZIP	PHONE ()					
EMAIL							
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> BILL ME	<input type="checkbox"/> PAID	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK

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For Office Use Only: Total Cash \$ _____

Total Checks \$ _____

Grand Total \$ _____