



Pledge Record Sheet

Name _____ Team Name (if applicable) _____
 Address _____ Team Captain (if applicable) _____
 City _____ State _____ Zip _____ I am participating in (circle one): Memory of Honor of:
 Phone Number () _____ Name _____
 E-Mail _____

NAME OF PLEDGE CONTRIBUTOR	ADDRESS, CITY, STATE, ZIP	CASH	CHECK
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