

# Pledge form

Plunger name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Plunger team name/company name: \_\_\_\_\_

Donor name	Address	City	Postal Code	Pledge Amount
<b>Total:</b>				

Contributions may be paid in cash or cheque payable to **Special Olympics BC**. Please use this form to keep track of pledges and hand in at registration on Plunge Day. Please print clearly for tax receipt purposes. Donations \$20 and over will be issued a tax receipt.



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