

DONATION PLEDGE FORM

- * Use this form to keep track of individuals and businesses who help sponsor your fundraising efforts.
- * Make copies of this form if you need additional sheets, or download a copy from the website.
- * Bring this form and all gathered donations with you to the registration table at the event.

Checks should be made payable to: Special Olympics Massachusetts (SOMA)

Thank you for your support!

Your Name: _____ **Team Name (if applicable):** _____

Donor John Smith Email jsmith@jsmith.com Amount \$ 25.00 Cash Check

Address 1 Main Street City Boston State MA Zip 02102 Phone 617-555-5555

Donor _____ Email _____ Amount \$ _____ Cash Check

Address _____ City _____ State _____ Zip _____ Phone _____

Donor _____ Email _____ Amount \$ _____ Cash Check

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Donor _____ Email _____ Amount \$ _____ Cash Check

Address _____ City _____ State _____ Zip _____ Phone _____

Make sure to ask your donors if their companies have a matching gifts program

MAKE IT EASY! Log in to your page to raise funds. Find your event here: www.polarplungema.org

For more information, email PolarPlunge@SpecialOlympicsMa.org or call (508) 485-0986.