



DONATION SHEET

(Use additional sheet(s) if necessary)

To benefit local individuals with ALS

www.valentineplunge.com

Each plunger must raise at least \$100.

Name: _____ **Email: (required)** _____

Address: _____ **Apt./Floor:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

I am plunging as an individual or... as a member of a team Team Name: _____

Please make all checks payable to: **Joan Dancy & PALS.**

Contributions are tax deductible.

Please **print** full name and email address. Thank you!

Contributor's Name	Email Address (required)	Contribution	Employer's Matching Gift
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Number of Sheets

Totals: \$ - \$ -

Signature _____

Parental/Guardian Signature _____

Important: All plungers under the age of 18 must have signature of parent or guardian.

