



## DONATION SHEET

(Use additional sheet(s) if necessary)

To benefit local individuals with ALS

www.valentineplunge.com

**13th Annual  
Valentine Plunge**

**Saturday  
February 2, 2019  
12 noon  
Main Beach  
Manasquan**

***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	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Number of Sheets <input type="checkbox"/>		<b>Totals:</b> \$ -	\$ -	\$ -

Signature \_\_\_\_\_

Parental/Guardian Signature \_\_\_\_\_

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