



## DONATION SHEET

(Use additional sheet(s) if necessary)

To benefit local individuals with ALS

www.valentineplunge.com

*19th Annual  
Valentine Plunge*

Saturday  
February 8, 2025  
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.