

SPONSOR PLEDGE FORM

Sponsor Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-mail: _____
 \$25 \$50 \$75 \$100 \$ _____
 Bill Me Paid Cash Credit Card Check
 Credit Card #: _____
 Exp. Date: _____ V-Code: _____

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 City: _____ State: _____ Zip: _____
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