

PLEDGE FORM

Participant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone#: (Home) _____ (Work) _____

E-Mail: _____

Please make check payable to National Sports Center for the Disabled. Write your name on any sponsor's checks so you may be properly credited. Remember, sponsors can support you online at www.skifornscd.com.

Personal Fundraising Goal \$ _____

Sponsor's Name	Address, City-State-Zip	Phone #	Contribution
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