

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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E-mail: _____
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