2019 Polar Plunge Pledge Form

FOR SPECIAL OLYMPICS MANITOBA

Fundraiser's Name:

Address: **Postal Code**

Phone #: **Email:**

Office Use Only

Pledge Total	
Credit Card	
Cheque	
Cash	
Other:	

First/Last Name	Address/City	Postal Code	Phone	Email	Amount	Paid

Income tax receipts are issued for paid pledges of $20.00 and over with complete donor information.
Charitable Reg. # 11309-0732-RR001

TOTAL $	$ -