2020 POLAR PLUNGE PLEDGE COLLECTION FORM

Participant Name: _____ Team Name _____

Event Location: _____ Event Date: _____

Phone Number: _____E-mail Address: _____

Please make cheques payable to Special Olympics Alberta and all contact information is complete in order to receive a tax receipt. Thank You!

SPONSOR'S NAME	ADDRESS/CITY/PROV OR EMAIL	DATE	AMOUNT	CHQ	CASH
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Total Amount Collected: $ _____