2021 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. Donations over $25 will automatically receive a tax receipt if all contact information is completed on this form. Thank you!

SPONSOR'S NAME	ADDRESS/CITY/PROV OR EMAIL	DATE	AMOUNT	CHQ	CASH
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Total Amount Collected: $ _____