



Snow Blast Pledge Sheet



Saturday, March 26, 2016
TO PARTICIPATE COLLECT AT LEAST \$175 IN DONATIONS

Skier/Snowboarder Name _____ Your age **12 & Under** **13-18** **19 & up**

Address _____ Phone Number _____

City _____ State _____ Zip _____ Email _____

Sponsor's Name & Address	Sponsors E-mail and phone #	Credit Card	CASH	CHECK
Please include complete mailing address in order for donor to receive a tax receipt	Required for all credit card donations or they DO NOT count toward your prizes	Donation Amt. VISA/MC/AMEX		
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$

Page _____ of _____ Subtotals \$ _____ \$ _____ \$ _____

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8		\$	\$	\$
9		\$	\$	\$
10		\$	\$	\$
11		\$	\$	\$
12		\$	\$	\$
13		\$	\$	\$
14		\$	\$	\$

Page of Subtotals \$ \$ \$