Pledge Form

Student's Name: _____ Grade: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

SPONSOR'S NAME	SPONSOR'S ADDRESS	SPONSOR'S PHONE	PLEDGE PER____	FLAT DONATION	TOTAL CONTRIBUTION

Thank you for your support! Please make checks payable to Riley Hospital for Children.

Total number (books read, miles walked or rode, jumps, words spelled, etc.) completed: _____

Verified by: _____ (volunteer or teacher initials)

Total Pledge Amount Due: $ _____ Total Flat Donations: $ _____

Total Amount Collected: $ _____ Date Received: _____

(for office use only) (for office use only)