

PLEDGE TRACKER

Please bring this completed form and pledges to the Plunge Check-In. Pledges must be collected before the plunge in order to be calculated for incentives. A waiver must be signed & plungers under 18 must have a parent or guardian present. Waivers available online or at registration site.



Name: _____

Plunge Location: _____

Name	Address / Email	Pledge Amount	Paid	
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching
			<input type="checkbox"/> Cash	<input type="checkbox"/> Online
			<input type="checkbox"/> Check	<input type="checkbox"/> Matching

Make checks payable to Special Olympics Montana (SOMT). Receipts will be sent for offline amounts \$250 and over, otherwise your check will serve as a receipt. Donations received online will automatically receive a receipt.

Cash & Check Amount \$ _____
 Online Donation Amount \$ _____
 Employer Matching Amount \$ _____
 Total Amount Raised \$ _____
(office use only) \$ _____



Special Olympics Montana
 PO Box 3507
 Great Falls, MT 59403
 (800) 242-6876 / (406) 216-5327

Would you like your donations to go to a specific Special Olympics Montana team?

List Team Name: _____