

Law Enforcement Torch Run® Polar Plunge Pledge Form

Polar Plunge Date

Name Team (agency, business, organization)

Address City State Zip

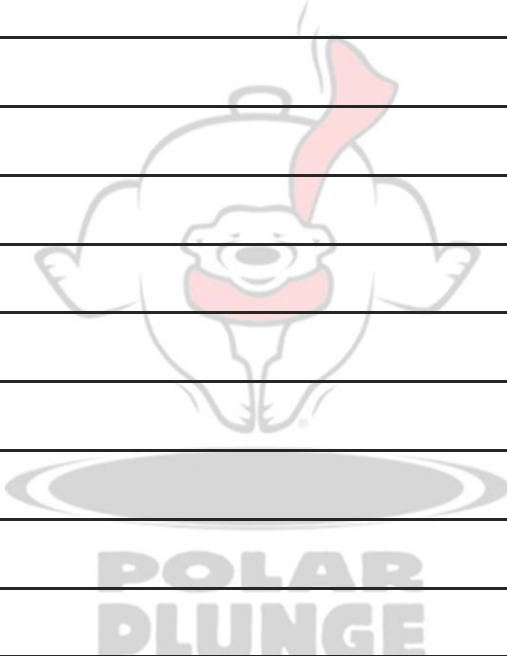
Phone E-mail

Would you like your donations to go to a specific Special Olympics Team? Which one?

IMPORTANT: Please bring this completed form and pledges to the Plunge Registration Area. Pledges must be collected before plunge in order to be calculated for incentives. A waiver **MUST** be signed prior to plunging by all plungers or a parent/guardian for those under 18. Waivers available online or at plunge registration site.

Name/Address **Pledge Amount**

- | | | |
|-----|-------|----------|
| 1) | _____ | \$ _____ |
| 2) | _____ | \$ _____ |
| 3) | _____ | \$ _____ |
| 4) | _____ | \$ _____ |
| 5) | _____ | \$ _____ |
| 6) | _____ | \$ _____ |
| 7) | _____ | \$ _____ |
| 8) | _____ | \$ _____ |
| 9) | _____ | \$ _____ |
| 10) | _____ | \$ _____ |



*Make checks payable to Special Olympics Montana.
Receipts will be automatically issued for amounts \$250
and over, otherwise, your check will serve as a receipt.*

Subtotal \$ _____

Online Amount \$ _____

Matching Amount \$ _____

TOTAL AMOUNT RAISED \$ _____

(office use only) \$ _____



Special Olympics Montana
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