



Emily's Rainbow Run Pot of Gold Pledge Program Collection Sheet

Please provide the following information for the Pledge Program Participant.

NAME: _____

ADDRESS: _____
Street City State Zip

TELEPHONE: _____

EMAIL: _____

<u>DONOR'S NAME</u>	<u>ADDRESS</u>	<u>EMAIL</u>	<u>PLEDGE AMOUNT</u>	<u>NOTE PAYMENT TYPE</u> <small>(CHECK, CASH OR ONLINE)</small>
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