

# PLEDGE FORM



Participant Name: \_\_\_\_\_ Event Sponsored: \_\_\_\_\_

School/Organization/Corporation \_\_\_\_\_

City/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Business: \_\_\_\_\_

Donor Name	Donors Mailing Address	Telephone # - E-mail	\$ Amount/ per Clap Pledge	\$ Flat Amount Pledged	\$ Total Claps Completed	Total Amount Due
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Contact: Jyl Steinback  
 Jyl@ShapeUpUS.org  
 602-996-6300  
 www.Clap4Health.com



Total number of donations \_\_\_\_\_

Total dollar amount of donations \$ \_\_\_\_\_