



# SKATE FOR HEALTH PLEDGE FORM

**Participant's Name:** \_\_\_\_\_

**Participant's Phone Number:** \_\_\_\_\_

**Participant's Mailing Address:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

Collect pledges and turn in your money to the Center for Well-Being by event date.

DONOR NAME	COMPLETE ADDRESS	ZIP	PHONE	DONATION	PAID
1					
2					
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25					

**Make a copy and bring original pledge form on day of Skate A Thon**

*Donations are tax deductible. Make checks payable to the Center for Well-Being.*

**TOTAL:**