



Individual Pledge Record



Participant Name _____

Address _____ City _____ State _____

Phone _____ Email _____

Team Name _____

Please help me reach my goal of \$ _____

<u>Donor's Name</u>	<u>Address</u>	<u>City-State-Zip</u>	<u>Phone</u>	<u>\$ Amount</u>

Mail your pledge form and money to:

E.A.A.C
 PO Box 52
 Elroy, WI 53929
 OR
Turn in your pledges:
 At registration table/day of event

TOTAL: \$



www.elroyareachamber.com
 elroychamberoffice@yahoo.com
 More Info: 608-853-2184