Red Card Cancer Pledge Program

Thanks for taking part in our Pledge Program. This is a universal form that will help you keep track of donor information. Individual players can print and hand these out to each donor, **or** if you are fundraising as an entire team you can hand these out to each donor.

Please provide the bottom portion of this sheet to the donor(s) for their records.

I am a: Player Coach Parent Team Other

If other, please specify:

Name/Pledgee: **Age/Level:**

Team Name: **State:**

Donor Name: **Donor Address:**

Donor Email:

Pledge Amount: $ **Pledging for:** **GOAL SHOT ASSIST SAVE WIN SHUTOUT**

Donor relation to player/team:

* We would like the opportunity to learn more about our participants. When pledge period is complete, please collect pledge sheets and mail to:

Sidney Kimmel Cancer Center
Red Card Cancer
750 E. Pratt Street, Suite 1700
Baltimore, MD 21202

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I, ___________________________ (donor name) have agreed to sponsor ______________________ (player/team name).

I will contribute ________ (dollar amount) for every:
GOAL SHOT ASSIST SAVE WIN SHUTOUT (circle one) during ________________ (duration).

Keep track here: