



In Memory of Terry Magovern & Tim O'Neill

Each plunger must raise at least \$100.

DONATION SHEET

(Use additional sheet(s) if necessary)

To benefit local individuals with ALS

www.valentineplunge.com

**15th Annual
Valentine Plunge**

February 1-14, 2021

**At location of
your choice**

Name: _____ **Email: (required)** _____

Address: _____ **Apt./Floor:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

I am plunging as an individual or... as a member of a team Team Name: _____

Please make all checks payable to: **Joan Dancy & PALS.** Contributions are tax deductible. Please **print** full name and email address. Thank you!

Contributor's Name	Email Address (required)	Contribution	Employer's Matching Gift	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Number of Sheets <input type="checkbox"/>		Totals: \$ -	\$ -	\$ -

Signature _____

Parental/Guardian Signature _____

Important: All plungers under the age of 18 must have signature of parent or guardian.