Valentine Plunge

JUMP IN AND FEEL THE LOVE

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

21st Annual
Valentine Plunge

Saturday
February 13, 2027
12 noon
Main Beach
Manasquan

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 ☐ ***Totals:***	$ -	$ -	$ -

Signature _____ Parental/Guardian Signature _____

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