Leprechaun Plunge

Donor Tracking Sheet

Please select a charity to support:

Autism Connections	_____	**Big Brother's & Big Sister's of W.MA**	_____
Dana Farber Jimmy Fund	_____	**Shriner's Hospitals for Children, Spfld**	_____
Harmony House	_____	**Pioneer Valley USO**	_____
Joe Kareta Scholarship Fund	_____	**Food Bank of W. MA**	_____

Please make checks payable to the charity you have chosen to plunge for. Put "Leprechaun Plunge" in the memo line.

Name of Plunger _____

Team Name (if applicable) _____

Address _____

Sponsor Name	Address	Phone	Cash Amt.	Check Amt.

Cash Total	Check Total

Please bring this form with you to the Plunge. It will be collected upon check-in.
If you would like to make a copy for your records, please do in advance.

Total Raised-	