

Leprechaun Plunge

Donor Tracking Sheet

Please select a charity to support:

- | | |
|------------------------------------|--|
| Autism Connections _____ | Northeast Center for Youth & Families _____ |
| Dana Farber Cancer Institute _____ | Shriners Hospitals for Children, Spfld _____ |
| Harmony House _____ | USO of Pioneer Valley _____ |
| Joe Kareta Scholarship Fund _____ | Other _____ |

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.

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.

Cash Total	Check Total

Total Raised-	
---------------	--