Leprechaun Plunge

Donor Tracking Sheet

Please select a charity to support:

Dana Farber-Jimmy Fund _____
Springfield Shriner's Hospital _____
South Hadley Food Pantry _____
Harmony House _____

USO of Pioneer Valley _____
Joe Kareta Scholarship Fund _____
South Hadley HS Athletics _____

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-	