



# Pledge Form

**Participants Name:** \_\_\_\_\_

**Donor Information (please print or type)**

Donor Name	Address	City, State, Zip	Phone #	Pledge Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

**Total Pledges Collected = \$\_\_\_\_\_**

**Please make checks, corporate matches, or other gifts payable to:**

**Camp Good Days and Special Times  
 1332 Pittsford-Mendon Road PO Box 665  
 Mendon, NY 14506**