DSGNWNJ Pledge Form

Last Name _____

First Name _____

Street Address _____

City _____

State _____ Zip _____

Daytime Phone _____ Total Collected _____

All contributions are tax deductible as allowed by law.

SPONSOR	PHONE #	DONATION
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$
Name	#	$

PLEASE PHOTOCOPY THIS FORM AS NEEDED

Please make checks payable to DSGNWNJ and mail to:

DSGNWNJ
P.O. Box 212
Washington, NJ 07882