



## Pledge Sheet

Plungers Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Makes checks payable to: Special Olympics Maine**

**Sponsor:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address: \_\_\_\_\_

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**Thank you for your support!**

**#IceOutPlunge2019**

**Special Olympics Maine** - 125 John Roberts Rd, Suite 5, South Portland, ME 04106  
Website: [www.somaine.org](http://www.somaine.org) Tel (207) 879-0489 Fax 1-888-490-0672