



Name \_\_\_\_\_ My fundraising goal \$ \_\_\_\_\_

*Please print & fill out completely. Retain for your records.*

Donor's Name	Phone #	Amount Pledged (including Matching Gifts)	Amount Received (Enclosed in Envelope)
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800.242.3358 (toll free in WI)  
wisMS.org

**Total**

*Make copies of pledge sheet for your records and for additional donors.*