PLEDGE FORM

Name: _____

Street Address: _____

City:_____ State: _____ Zip Code:_____ _____

Team Name (if applicable):_____

Total Collected: $_____

Please, make checks payable to:

Alexander's Angels, Inc.

All contributions are deductible as allowed by law
Alexander's Angels, Inc. is a 501(c)(3) not-for-profit organization

SPONSOR:	CONTACT INFO:	DONATION:
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
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