



Sept. 17 & 18, 2011

Rappeler's Name

Complete and mail this form, along with your donation, to support my participation in the 2011 Skyline Plunge! Chicago

Donor Information:

Donor Name

Company Name

Daytime phone / Evening phone

Address (circle one) — Company or Home

Email—required if you wish to receive an e-tax receipt

Donation Information:

Donation Amount: \$25 \$50 \$75 \$100 \$250 \$\_\_\_\_\_ Other

To ensure your donation is credited appropriately, please be sure to fill out the pledge form in its entirety, including the name of the rappeler (in top right corner) that you are sponsoring.

Completed pledge forms may be sent directly to:

Skyline Plunge! Chicago
Respiratory Health Association of Metropolitan Chicago
1440 W. Washington Blvd.
Chicago, IL 60607

Thank you for your donation!



Payment Type: Check (make checks payable to RHAMC) Credit (MasterCard, VISA, Discover, Amex) Card Number: Expiration Date: Signature: