



# PLEDGE FORM

Fundraiser Name: \_\_\_\_\_

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

Name	Address	Email	Amount

**Amount Enclosed:**

\$ \_\_\_\_\_

Please return this pledge form(s) and any cash or check donations in a sealed envelope to our Day Center at 6 Mulligan Street, Natick, MA 01760 by May 3, 12pm. If dropping off in person, please call 508-318-4820 to confirm that someone is available to receive your donation.