



Shriners Hospitals for Children®
Springfield, MA
Love to the rescue™

FREEZIN' FOR A REASON POLAR PLUNGE

For Charity
Donor Tracking Sheet



To Benefit Shriners Hospital for Children

Please make checks payable to: Cairo Shriners "Polar Plunge"

Name of Plunger _____

Team Name (if applicable) _____

Sponsor Name	Address	Phone	Cash Amt	Chk Amt
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- 1.)
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)
- 8.)
- 9.)
- 10.)
- 11.)
- 12.)
- 13.)
- 14.)
- 15.)
- 16.)
- 17.)
- 18.)
- 19.)
- 20.)

Cash Total Check Total

<input type="text"/>	<input type="text"/>
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Please bring this completed form with you to the Plunge.
It will be
Collected upon check in. If you would like to make a copy
for your
records, please do so in advance.

**TOTAL
RAISED**

<input type="text"/>
