

PLEDGE TRACKER

Please bring this completed form and pledges to the Jump Check-In. Pledges must be collected before the jump in order to be calculated for incentives. A waiver must be signed & plungers under 18 must have a parent or guardian present. Waivers available Online or at registration site. Make checks payable to Special Olympic Wyoming (SOWY).



Name: _____

Jump Location: _____

Name	Address / Email	Pledge Amount	Paid
			<input type="checkbox"/> Cash <input type="checkbox"/> Online <input type="checkbox"/> Check <input type="checkbox"/> Matching
			<input type="checkbox"/> Cash <input type="checkbox"/> Online <input type="checkbox"/> Check <input type="checkbox"/> Matching
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Would you like your donations to go to a specific Special Olympics Wyoming team?
List Team Name: _____

Day of Jump Verify:
Jumper Initials _____
Check in Initials _____

Office Verify:
Initials _____
Initials _____

Office Funds Amount \$ _____
 Online Amount \$ _____
 Cash Amount \$ _____
 Checks Amount \$ _____
 Credit Card on site Amount \$ _____
 Employer Match Amount \$ _____
Total Amount Raised \$ _____

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