



**Sunday,
April 11,
2010**

Rappeler's Name

Complete and mail this form, along with your donation, to support my participation in the 2010 Skyline Plunge! Champaign-Urbana

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.

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

Expiration Date:

Signature:

Completed pledge forms may be sent directly to:

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

Thank you for your donation!

