Scotty's Walk Pledge Form

Help Scotty's and other families attend Camp Sunshine

_____ _____ _____

(NAME) (PHONE NUMBER) (E-MAIL ADDRESS)

(ADDRESS) (CITY) (STATE) (ZIP CODE)

Please PRINT legibly.

Name	Address	City	Zip Code	Phone	Donation

DONATIONS MAY BE MADE BY CHECKS OR CASH. PLEASE MAKE CHECKS PAYABLE TO **CAMP SUNSHINE.**

TOTAL AMOUNT PLEDGED: $ _____