

Philadelphia Polar Plunge: Sponsorship Pledge Form

CONTACT INFORMATION

Donor: _____
Contact Name: _____
Title: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____
Company Twitter Handle
(if applicable): _____
Company Facebook Page
(if applicable): _____

Special Olympics
Pennsylvania



**PHILADELPHIA
POLAR
PLUNGE**

PHILADELPHIA POLAR PLUNGE SPONSORSHIP LEVEL

- Presenting - \$15,000 Arctic - \$7,500 Glacial - \$5,000
 Iceberg - \$2,500 Crystal - \$1,000

PAYMENT INFORMATION

- A check is enclosed for \$ _____
 Please send an Invoice for \$ _____
 Credit Card Information: MC Visa AMEX Discover
Credit Card Number: _____
Security Code: _____ Expiration Date: _____
Billing Address: _____
Amount: _____
Authorized Signature: _____

Please return this form (and check if applicable) to:

Special Olympics Pennsylvania
Attention: Kristin Craven
2570 Blvd. of the Generals, Suite 124 · Norristown, PA 19403

Email: kcraven@specialolympicspa.org · Ph: (610) 630-9450 ext. 252