

DONOR'S NAME _____ (FIRST) _____ (LAST)
DONOR'S ADDRESS _____ APT # _____
CITY STATE ZIP
DONOR'S PHONE (____) _____ EMAIL _____
PLEDGE AMOUNT FLAT RATE \$ _____ HOURLY RATE \$ _____ x 46 HOURS = \$ _____
ORGANIZATION _____ ORGANIZATION # _____
PLEDGE TAKEN BY _____
DATE OF PLEDGE _____ DONOR SIGNATURE _____
RETURN TO 210 HUB

The Penn State IFC/Pahnellenic Dance Marathon supports the Four Diamonds Fund at the Hershey Medical Center. Thank you for your pledge of \$ _____ to support the efforts of

organization

You will receive a bill sometime between November and April. We appreciate your support of THON, and welcome your questions and concerns. Please call 1-800-392-THON.

student's signature

www.THON.org

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