Celebration Donations Sponsorship Form

Participants Name: _____

Address: _____

Phone: _____

Sponsors Full name (please print clearly)	Sponsors Full address (receipt will be issued here)	Phone:	Amount pledged	Amount received	Receipt required Y or N

Total: _____

* Sponsors who require receipts: Please clearly print all of the requested information & a receipt will be issued. If this information is not clear or incomplete a receipt may not be issued.
* Please photocopy more pages if you require them