



Pledge Collection Form

April 17, 2010 10am-4pm

Donor's Name: _____

	Name	Phone	Address	Pledge Amount	Collected
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Please make checks payable to: Children's Hospital of Wisconsin OR Penfield Children's Center