

UPLIFT San Diego Day - Put your passion into action!

MY GOAL IS:

- \$100
- \$200
- \$500
- \$1,000
- Other

SPONSOR PLEDGE FORM

Worker's Name: _____

Address: _____

Phone: _____ Email: _____

I am an/a: Adult Teen Child

PRINT All Information and Indicate the Total Pledge (checks should be made payable to UPLIFT):

FIRST	LAST
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ADDRESS	CITY
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ST	ZIP	PHONE
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\$20 \$50 \$100 Other\$___ **Paid** Cash Check PP or Bill Me

FIRST	LAST
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ADDRESS	CITY
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ST	ZIP	PHONE
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PLEASE FILL IN ALL INFO FOR EVERY SPONSOR!

Total pledges on this sheet: \$ _____