SCUBA FOR DIABETES
DIABETES ASSOCIATION OF GREATER CLEVELAND

SCUBA FOR DIABETES Donation Form

Name: _____Age:_____
Address: _____
City: _____State:_____Zip: _____
Phone: _____Email Address:_____

SPONSOR'S NAME	ADDRESS	DONATION AMOUNT	AMOUNT PAID
My Pledge: _____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
Company Matching Donation: (check to see if they have a matching gift program)	_____	$ _____	$ _____
TOTAL DONATION		**$**_____	**$** _____