



CAMP ASTHMACADABRA 2017 SPONSOR PLEDGE FORM

PLEASE PRINT

Contact Person: _____

Company: _____
(NAME AS YOU WOULD LIKE IT TO APPEAR ON THE BROCHURE)

Address: _____

Contact Telephone Number: _____

Please check the appropriate pledge and donor category:

\$2000 and up Trailblazer Amount: \$ _____

\$1000-\$1500 Pathfinder Amount: \$ _____

\$500-\$999 Pioneer Amount: \$ _____

\$499-\$100 Explorer Amount: \$ _____

T-Shirt Sponsor (pay for camp t-shirts) Amount \$1400.00

Adopt-A-Camper(s) (see attached sheet)

Specific Camp Needs In Kind donations

Please send me more information about volunteering for camp.

Our company can help with the following supplies: -

Checks should be made payable to "Camp AsthmaCadabra" and sent to:

American Lung Association of Pa
Camp AsthmaCadabra
117 First Street
Eynon, PA 18403
Federal Tax ID # 25-1825116

For inclusion in our camp promotional brochure please email at adelonti@lunginfo.org or mail
this form to the above address ASAP.

THANK YOU