



## 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: -

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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](mailto:adelonti@lunginfo.org) or mail *this form* to the above address ASAP.

THANK YOU