USA Gymnastics Fitness Challenge
PLEDGE FORM

Children's Miracle Network Hospitals

Gymnast's Name _____

_____Gymnastics School and USA Gymnastics clubs across the country are participating in a nationwide fundraiser as part of the USA Gymnastics Fitness Program for Children's Miracle Network Hospitals on_____, 2012.

Your donation is 100% tax deductible and the money will stay in our community and go to a children's hospital. You may make a flat donation at this time, or after the event, I can come back and let you know how many strength exercises, skills, or flips I have done.

Name	Phone	Flat donation	OR	Donation for up to $100	Sub-Total
John Smith	(123) 555-0393	$25.00			$25.00
Jane Mills	(321) 555-5405			$0.25 (i.e. gymnast does 50)	$12.50

Make checks payable to Children's Miracle Network Hospitals.

TOTAL: $

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Total money collected for Children's Miracle Network Hospitals is $_____.
Thank you for your help with your donation to the less fortunate in our community.

Official signature: _____ # of completed strength/flips/cartwheels: _____Date: _____/_____/2012

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