SKI-for-ALL SPONSORSHIP FORM

Name of Pledge Collector_____ Youth or Adult (circle one)

Address_____ Phone_____

Please Print Legibly **Only Amounts over $20 will be reminded later.**

SPONSOR'S NAME (If sponsor is a business, please name a contact person)	**ADDRESS** (include City and Zip)	**PHONE NUMBER / EMAIL ADDRESS**	**AMOUNT $**	**Check # or Cash or Remind me**
Jane Doe (XYZ Company)	*123 Main St Juneau, AK 99801*	*589-1234 / jane@email.com*	*$00*	*Check #1234*

ORCA, A Program of SAIL, Inc.
3225 Hospital Drive, Suite 300
Juneau, AK 99801
907-586-0104

SOUTHEAST ALASKA INDEPENDENT LIVING

For Office Use Only

Total to be Billed $_____
Total Paid $_____
Grand Total Pledges $_____
Staff Initials _____