



CAMP ASTHMACADABRA 2012 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
Marywood University
2300 Adams Avenue
Scranton, Pa 18509
Federal Tax ID # 25-1825116**

**For inclusion in our camp promotional brochure please fax at 570-969-5280 or mail *this form* to
the ALA ASAP
THANK YOU**