

For Office Use Only	
Cash: _____	Bill Me: _____
Checks: _____	Online: _____
Grand Total: _____	

EXTRA FUNDRAISING FORM

Participant Name: _____

Phone: _____ Email: _____

Name:	Billing Information
Address:	<input type="checkbox"/> Cash
City: State: Zip:	<input type="checkbox"/> Check
Email:	<input type="checkbox"/> Bill Me
Phone:	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$ _____

Please do not include pledges entered online.

Name:	Billing Information
Address:	<input type="checkbox"/> Cash
City: State: Zip:	<input type="checkbox"/> Check
Email:	<input type="checkbox"/> Bill Me
Phone:	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$ _____

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QUESTIONS?
 Feel free to email our MFL Coordinator at MFL@avacareforyou.org or call 540.236.8193 to get started.
 Checks should be made payable to AVA Care of Harrisonburg.