

# Cash/Check Pledge Form

\_\_\_\_\_  
 First Name Last Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Email address Phone Number

\_\_\_\_\_  
 Team Name Team Leader

**Thursday, October 6th**  
**Doors at 6PM**  
**All hive-spelling at 6:30PM**  
**Amsterdam Bar & Hall**  
**Downtown St. Paul**



Please print legibly so we can send tax-receipts. Thanks!

Donor Name	Address	City, State, Zip	Phone and/or Email	Donation \$	√ or Cash	Paid?	Tax Receipt?



Family Tree Clinic  
 1619 Dayton Ave #205  
 St. Paul, MN 55104  
[www.FamilyTreeClinic.org](http://www.FamilyTreeClinic.org)  
 651-523-0171x106

**Together, we can reach our goal of \$40,000!**  
**Please make checks payable to Family Tree Clinic.**  
**All donations are tax-deductible (23-7133742).**