

# Dive for a Cure Pledge form

participants name:

1	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

2	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

3	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

4	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

5	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

6	Name	Amount	E-mail address	phone #:
	Address	City	State	Zip

please make checks payable to the OHSU Foundation, with ESDS-Dive for a Cure on the memo line