

**Literacy Volunteers of Oswego County, Inc.**  
**The Diane Falise Memorial Scrabble Fest**  
**Fundraiser Pledge Form**

**Team Name:** \_\_\_\_\_ **Pledge Total: \$** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address (City, State & Zip):** \_\_\_\_\_

When form is completed and pledges are collected, please mail to:

**Literacy Volunteers of Oswego County, Inc.**  
**34 East Bridge Street, Suite 301**  
**Oswego, NY 13126**

*\*Forms may also be turned in at the event*

(Please list complete address including city, state, & zip. Please print clearly)

Pledger's Name	Address	City	State	Zip	Straight \$ Donation	<input checked="" type="checkbox"/> Need Receipt
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total						

\* Donations are tax deductible within the limits of the law.

Check if a receipt is requested and we will issue a receipt after receiving your pledge.