**Pledge Support/Volunteer Registration**

**Touched Twice United—Columbia County**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am most interested in helping with:

࿖Registration ࿖Set Up/Take Down ࿖Food Prep/Serving ࿖Children's Activities

࿖Clean Up ࿖Service Provider ࿖Guest Advocate ࿖Pre-Event Coordinator

I would like to Pledge Financial Support:

In the amount of ࿖$500 ࿖$100 ࿖$50 ࿖$20 ࿖Other Amount:\_\_\_\_\_\_\_\_\_\_

 I would most like my donation to be used for:

 ࿖Food ࿖Children’s Activities ࿖Wherever it’s most needed

I would like to Provide a Service:

࿖Have a booth to share information about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

࿖Health Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

࿖Other Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to help promote this event:

࿖In my employee newsletter

࿖Post Flyers in my office/Business

࿖In my business contact newsletter

࿖On my personal/business social media pages

Please return form to Rachel Seltzner: rachel@blauchiropractic.com 608-742-1300

Blau Family Chiropractic, 641 Latton Lane, Portage WI 53901