Michigan Anti-Cruelty Society

2019 Pooch Prance Pledge Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Are you a member of a Pooch Team? ☐ YES ☐ NO

Team Name: _____ **No. of Team Members:** _____

Captain's Name: _____

Name of Sponsor	Address, City, State, & Zip	Phone	$ per K	Total

Total: _____