

“Pin Points for Partnership”

Sponsor's Name: _____

Sponsor's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

AWARD PRESENTED FOR MOST PIN POINTS PLEDGED

Partnership Pin Points Pledge Sheet

Make Checks Payable To: Detachment of Massachusetts S.A.L

Please Return Pledge Sheet and Donations To: Clifford Smith, 53 Messenger St., Apt C, Plainville, MA 02762

[illegible]

Baystate  Children's Hospital.

