



2018 CHARITY RIDE INDIVIDUAL/FAMILY PLEDGE FORM



Name: _____ Associated Club: _____

Address: _____

E-Mail: _____ Phone _____

- ✓ We encourage you collect pledges ahead of time. Pledges will count towards your entry registration.
- ✓ Donations are tax deductible. Receipts available upon request (Please check the receipt box if requested).
- ✓ Please make checks payable to **“Make-A-Wish® Wisconsin.”**

Donor Name <small>(Please Print Clearly)</small>	Donor Address/Email <small>(Please Print Clearly)</small>	Receipt ✓	Donation \$
Total Pledges			

***** Please leave this form at registration for administrative purposes*****