



CHARITY RIDE INDIVIDUAL/FAMILY PLEDGE FORM



Name: _____

Address: _____

E Mail: _____ Phone _____

- ✓ Please collect pledges ahead of time. Pledges will count as your entry donation.
- ✓ Donations are tax deductible. Receipts available upon request.
- ✓ Please make checks payable to **"Make-A-Wish® Wisconsin."**

Donor Name	Donor Email	Receipt ✓	Donation \$
Total Pledges			