PLEDGE FORM

NAME:_____ **ADDRESS:** _____

CITY:_____ **POSTAL CODE:** _____ **PHONE:**_____

EMAIL ADDRESS:_____ **(NOTE: We do not share or sell contact info.)**

Please see http://www.rideforkids.ca/ for registration dates, times and locations.

Registered Charity # 85419 6771 RR0001

(PLEASE PRINT CLEARLY)

Sponsor's Name	Address	City	Postal Code	Amount	Rec'd (√)	Receipt Req'd (√)

Please make copies of this form for additional pledges **TOTAL**

"Battling Against Childhood Cancer"