



The Ride for Missing Children - Syracuse

Donor Pledge Form

Rider's Name _____ Address _____
 Email _____ Phone _____ Date _____

Donor Name/email	Address	City/ State/Zip	(x) if NO tax letter required	Donation Amount	Check#
John Doe jdoe@rochester.rr.com	275 Lake Ave.	Rochester NY 14608		\$00.00	
1. email.					
2. email					
3. email					
4. email					
5. email					
6. email					
7. email					
8. email					
			TOTAL		

Please return this form with your pledges prior to September 29, 2017 -- NCMEC/NY * Attn: Ride * 275 Lake Avenue * Rochester, NY 14608 Phone: (585) 242-0900 * Fax: (585) 242-0717

NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS