



# The Ride for Missing Children

## Donor Pledge Form



Rider's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

My Total Sponsor Goal Is \$ \_\_\_\_\_

Sponsor Name	Address	City/ State/Zip	Phone	Email	Sponsored Amount	Cash/check#	Paid
John Doe	275 Lake Ave.	Rochester NY 14608	585-242-0900	johnq@ncmec.org	\$00.00		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

*Please return this form with your pledges prior to May 18, 2018*  
 NCMEC/NY \* Attn: Ride \* 275 Lake Avenue \* Rochester, NY 14608  
 Phone: (585) 242-0900 \* Fax: (585) 242-0717

(OVER)

Office use only:  
 Total pledges \_\_\_\_\_

**NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS**