



## 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#
<b>John Doe</b> jdoe@rochester.rr.com	<b>275 Lake Ave.</b>	<b>Rochester NY 14608</b>		<b>\$00.00</b>	
1. email.					
2. email					
3. email					
4. email					
5. email					
6. email					
7. email					
8. email					
			<b>TOTAL</b>		

Please return this form with your pledges prior to September 28, 2018-- NCMMECC/NNYY \* Attention: RRidee \* 227755 LLakee AAveennuee \* RRocchheesterr,, NNY 1144660088 Phone: (585) 242-0900 \* Fax: (585) 242-0717

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