# Ride for Mercy - Pledge Form

Last Name: _____First Name:_____

Address: _____

City: _____ Prov/State_____ Postal Code/Zip_____

Tel.:_____ email:_____

| Sponsor's Name | Address | City | Postal Code /Zip | Pledge | Collected |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL…… | |

**Please Print Clearly - Make Cheques payable to: CROSSTRAINERS – [www.RideForMercy.com](http://www.RideForMercy.com)**
**Submit your total pledges when you check in, the morning of the event – August 22 2009**