Event Pledge Sheet

Event:_____ **Date:**_____

My personal goal: _____

Location: _____

Participant Name:_____ **Email**:_____

Address:_____ **City, State, Zip:**_____

Please Print. Incomplete information will not receive a receipt.

SPONSOR NAME	ADDRESS	EMAIL	CHECK #	TOTAL

PLEASE:

*** Make checks payable to Pink Ribbon Riders.**
*** Turn in your pledge envelope with pledges at event check in.**
*** Write your name in the memo section of each check**
*** Attach all matching gift forms to this form.**
*** All pledges are tax deductible. Your check is also a receipt.**

The Mission of the Pink Ribbon Riders is to raise awareness of breast caner for both men & women while raising funds for those in need. Pink Ribbon Riders helps breast cancer patients with direct financial support .

Total in cash: _____
Total in checks _____
Total in envelope: _____

Do you have an outstanding donation commitment you are going To collect? Y/ N $_____

www.pinkribbonriders.com