Event Pledge Sheet

Event: _____ Date:_____

Personal Fundraising Goal: _____

Participant Name: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Please print clearly. Checks of $100.00 or more will receive a receipt. We do not send a receipt for cash. *All checks must have an address.

DONOR NAME	ADDRESS	EMAIL	CASH/CK #	AMOUNT

REMINDERS:

- Make checks payable to Pink Ribbon Riders.
- Write your name on the memo line of the check.
- Cash donations will not receive a receipt.
- All pledges are tax deductible.

Total from this sheet _____

Additional pledge sheet Total _____

Checks Total _____

Cash Total _____

Grand Total _____

Pink Ribbon Riders is a nonprofit organization that provides direct financial assistance to both Men and Women with Breast Cancer.

www.pinkribbonriders.com