

RIDE TO FIGHT CHILDHOOD CANCER



OFFICIAL PLEDGE FORM

WHAT TO DO:

- Obtain a minimum pledge of \$2 per mile ridden.
- Double or triple your pledges instantly by asking your employer about matching gift programs.
- Collect pledges before and after the ride to reach your desired prize level.
- Encourage your sponsors to donate online at trek100.org

Pledges and forms are due by August 3, 2017 to be eligible for prizes. Make checks payable to "MACC Fund, Inc." Mail completed forms to:

MACC Fund Trek 100
10000 W. Innovation Drive, Suite 135
Milwaukee, WI 53226

Or turn it in on the day of the event at MACC Fund Info Tents or Registration.

* It is not necessary to turn in a pledge form if all fundraising was done online.

RIDER INFORMATION

Name

Address

City

State

ZIP

Daytime Phone

Evening Phone

Email

I am riding in memory / in name of

Please notify (name)

Address

City

State

ZIP

PLEDGE FORMS

Sponsor's Name

Address

City

State

ZIP

Phone Number

Email Address

Pledge Per Mile

MILES COMPLETED

100 62 36 19

SEND ME POST-RIDE INFO?

Yes No

TOTAL AMOUNT \$

Sponsor's Name

Address

City

State

ZIP

Phone Number

Email Address

Pledge Per Mile

MILES COMPLETED

100 62 36 19

SEND ME POST-RIDE INFO?

Yes No

TOTAL AMOUNT \$

OFFICIAL PLEDGE FORM CONTINUED

_____ Sponsor's Name		_____ Address		MILES COMPLETED	
_____ City		_____ State	_____ ZIP	100 <input type="checkbox"/>	62 <input type="checkbox"/>
_____ Phone Number		_____ Email Address	_____ Pledge Per Mile	36 <input type="checkbox"/>	19 <input type="checkbox"/>
				SEND ME POST-RIDE INFO?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				TOTAL AMOUNT \$ _____	

_____ Sponsor's Name		_____ Address		MILES COMPLETED	
_____ City		_____ State	_____ ZIP	100 <input type="checkbox"/>	62 <input type="checkbox"/>
_____ Phone Number		_____ Email Address	_____ Pledge Per Mile	36 <input type="checkbox"/>	19 <input type="checkbox"/>
				SEND ME POST-RIDE INFO?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				TOTAL AMOUNT \$ _____	

_____ Sponsor's Name		_____ Address		MILES COMPLETED	
_____ City		_____ State	_____ ZIP	100 <input type="checkbox"/>	62 <input type="checkbox"/>
_____ Phone Number		_____ Email Address	_____ Pledge Per Mile	36 <input type="checkbox"/>	19 <input type="checkbox"/>
				SEND ME POST-RIDE INFO?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				TOTAL AMOUNT \$ _____	

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