



MILLARVILLE RIDE FOR STARS

Pledge Form



Name of Participant: _____

Daytime Telephone Number: _____

Persons pledging may request tax deductible receipts for donations over \$10.00.

TO RECEIVE A RECEIPT, please **neatly PRINT accurate name, address and postal code** below. All pledges must be turned in at registration on **September 24, 2006**, prior to the event. **All pledge money must accompany this form.**

Pledge Name <i>(Please print)</i>	Address	City	Postal Code	Daytime Phone #	Amount Pledged	Amount Enclosed	Receipt Required?
		TOTAL					

Charitable Registration # 89509 4761 RR0001

Total Pledged: (a) \$ _____

Total Enclosed: (b) \$ _____

(note: Amount (a) and (b) should be equal)

Participant's Signature: _____

Dated: _____

