NAME OF PARTICIPANT:_____ **PH #**_____

Joanne Perlich Ride for Dreams Pledge Form

ADDRESSES & POSTAL CODES ARE AN ABSOLUTE FOR TAX RECEIPTS

Please Print Name	Address and Postal Code	Phone	$ Pledged	$ Collected	Tax Receipt # (office use)
Subtotal this page			$	$	
Subtotal 2nd page			$	$	
Total Pledges			$	$	