



## Albany Ride for Missing Children

### Donor Pledge Form

Rider's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Donor Name/email	Address	City/ State/Zip	(x) if NO tax letter required	Donation Amount	Check#
<b>John Doe</b> jdoe@rochester.rr.com	<b>275 Lake Ave.</b>	<b>Rochester NY 14608</b>		<b>\$00.00</b>	
1. email					
2. email					
3. email					
4. email					
5. email					
6. email					
7. email					
8. email					
			<b><i>TOTAL</i></b>		

*All checks should be made payable to NCMEC/NY*

*Please return this form with your pledges prior to September 21, 2018 to Veronica Freare \*\* 7 Yorkshire Court \*\* Scotia, NY 12302*

**NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS**