

Albany Ride for Missing Children

Donor Pledge Form

Rider's Name_	Address	8	<u> </u>
Email	Phone_	Date	

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

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 Courte ** Scotia, NY 12302

NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS

NCMEC is a 501(c)(3) tax-exempt charity and is a publicly supported organization as defined in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Service Code. Our Federal identification number is 52-1328557. Proceeds from this event will be used to fund NCMEC/NY's prevention education programs and support the Branch mission. For more information about NCMEC/NY call 585-242-0900.