

SOUL RIDE SPONSOR PLEDGE FORM

My Goal Is:

- \$ 200
- \$ 300
- \$ 500
- \$ 1,000
- \$ _____

Rider's name: _____
 Complete Address: _____
 Phone: _____
 E-mail: _____
 Church: _____
 I am an/a: ___ Adult ___ Teen ___ Child

Please PRINT ALL information and indicate the total pledge desired.

NAME _____
 ADDRESS _____
 C/S/ZIP _____
 PHONE _____
 E-MAIL _____
 \$20 ___ \$30 ___ \$50 ___ \$100 ___ other\$ _____
 ___ **BILL ME OR PAID** ___ CASH ___ CHECK

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____