PEDAL FOR WISHES RIDER PLEDGE FORM

Cyclist's Name Address Phone #

Pledges in Honor/Memory of: _____

Please bring this form and funds collected to the event check-in booth.

Contributor Name	Address	City/State	Zip	Email Address	$ Amount
				Pledge Total	

Riders who raise $500 or more will receive a premium hooded event sweatshirt.

Mail post event funds as soon as possible to:
P.O. box 763
Skokie, IL. 60076