



# Katelynn's Ride

## Pledge Form

Yes! I/we want to help in the fight against cancer! *Enclosed is my/our gift of...* \*

\$100       \$75       \$50       \$25       Other \_\_\_\_\_

**Donor Information** – ALL fields are mandatory

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Unless this is a general gift, please specify who you would like to support:**

Rider's Name: \_\_\_\_\_

**Please choose one of the following payment options:**

**Check:** Please make checks payable to **KRide, Inc.**

**Credit Card:**  Master Card       Visa       AMEX     

Card No.: \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC: \_\_\_\_\_

Card holder's Name: \_\_\_\_\_

**Matching Gifts:**

My employer, \_\_\_\_\_ will match my gift

*Please enclose your employer's matching gift form*

Your gift is greatly appreciated!

Please send this form to: **Katelynn's Ride, PO Box 755, Springfield, MA 01101-0755**

*Your gift is tax deductible.*

**www.kride.org**

\* Fundraiser is responsible for any processing fees incurred for insufficient funds.