



\* Each rider is asked to raise at least \$100. ***Thank you.***

Team name: \_\_\_\_\_

Rider name: \_\_\_\_\_

Rider email: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Please include:

\*  Pledge sheet    Cash and checks



# Cash/Check Pledge sheet

(Every rider is asked to raise at least \$100.)

Team name \_\_\_\_\_ Rider's name \_\_\_\_\_

**Riders:** Please return this form and donations to the Sanford Health Foundation, 1601 N 12th St. (5th floor) prior to the event or when checking in on the day of the race. **Note:** Check is participant's receipt. Checks should be made payable to the Sanford Health Foundation.

Name	Street address	City	State	ZIP	Phone	Donation	
						Cash amount	Check amount
<b>Total donation</b>							