



# 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

Total donation: