PLEDGE FORM

Rider name(s): _____

I am riding in memory of: _____ *(optional)*

I will be participating in the **Last Mile Ride**, to benefit palliative and end-of-life care at Gifford Medical Center.

You can help this worthwhile cause. Please consider sponsoring me with a pledge.

Make checks payable to **Gifford's Last Mile Ride.**

Name	Address	Amount	Collected	Tax Receipt
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Thank you!

Please check the Tax Receipt box if someone above has requested a receipt for tax deduction purposes. ***Complete addresses need to be printed for tax receipts.***