Ride for Life
Celebration of Life

Pledge Collection Form

Rider Name_____

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total _____

My Goal is:

☐ $100 ☐ $175 ☐ $500
☐ $125 ☐ $300 ☐ $_____
☐ $150

All Donations are tax deductible

Checks payable to: Greater Dayton Pro-life Education Foundation

Present this form with collected pledges at Sign In on day of ride.