



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, 701 E Rosser Ave-4th 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 GABR.

Name	Street address	City	State	ZIP	Phone	Donation	
						Cash amount	Check amount
Total donation							