



INDIVIDUAL PLEDGE FORM

Race Participant Name:

Phone Number or E-mail Address:

Donor Name:	Amount:
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$
15	\$
16	\$
17	\$
18	\$
19	\$
20	\$
21	\$
22	\$
23	\$
24	\$
25	\$
Total:	\$

Place form(s) and collected money in an envelope and mail to or drop off at:

**1332 Pittsford-Mendon Rd., PO Box 665
Mendon, NY 14506**