

The Ride for Missing Children

Donor Pledge Form

Rider's Name	
Address	
City/State/Zip	
My Total Sponsor Goal Is \$	

RM
NATIONAL CENTER FOR
MISSING &
EXPLOITED
CHILDREN®
NEW YORK BRANCH

Sponsor Name	Address	City/ State/Zip	Phone	Email	Sponsored Amount	Cash/check#	Paid
John Doe	275 Lake Ave.	Rochester NY 14608	585-242-0900	johnq@ncmec.org	\$00.00		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Please return this form with your pledges prior to May 15, 2019 NCMEC/NY * Attn: Ride * 275 Lake Avenue * Rochester, NY 14608

Phone: (585) 242-0900 * Fax: (585) 242-0717

(OVER)

Office use only:
Total pledges_____

NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS