

PLEDGE FORM

All spaces must be completed for each donation. Checks made payable to **the Imagine Guild**. Turn in \$500.00 or more and automatically become a member of **the Children's Ride Golden Spoke Club**. Riders may solicit companies, their employer, co-workers, neighbors, friends, and family. In compliance with IRS requirements, receipts will be issued to individual or corporate contributions of \$250.00 and above. For lesser contributions, a cancelled check serves as a receipt.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name:		Address:			Donation:	Amount Received:
Telephone:	City:	State:	Zip:			
Name:		Address:			Donation:	Amount Received:
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Telephone:	City:	State:	Zip:			

Remember, the pledges you collect will help Seattle Children's Hospital, Research, Foundation continue its worthy mission of providing quality medical care to all children of the Northwest regardless of their ability to pay. If you need an extra form, please copy this one or visit our website at www.childrens-ride.com or call 206-987-4876. You must register at one of the ride registration levels to participate in Children's Ride. Pledge donations are a tax-deductible contribution to Seattle Children's Hospital on behalf of the donor and can not be used for rides registration fees for Children's Ride.

Total Cash Received:	\$ _____
Total Checks Received:	\$ _____
Grand Total:	\$ _____