

Miracle Ride Pledge Sheet

You can be part of one of Riley Children's Hospital's largest fundraisers. Please join us to help make a very special contribution to Indiana children and Indiana's most amazing hospital!

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Sponsor (please print) - Minimum Pledge: \$50 to attend events

Name	\$50	\$40	\$30	\$20	\$10	Other

Kids Sponsor (please print) - Minimum Pledge: \$25 for children 8-15 to attend events

Name	\$50	\$40	\$30	\$25	\$10	Other

TOTAL \$ _____

Please bring this form with your check made out to "Miracle Ride" to registration the day of the ride. For additional information, contact Michael and Deb at (812) 988-2116 or please visit www.miracleride.net.