



2017 Miracle Ride Pledge Sheet

Use the form below to invite your family, friends, neighbors, co-workers, employer and favorite businesses to sponsor your 2017 Miracle Ride for Riley kids. Please help us to make another generous donation to Riley Hospital for Children!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Your Pledge Sponsors (please print) – Minimum pledge of \$50 required to attend events

<i>Name</i>	<i>\$50</i>	<i>\$40</i>	<i>\$30</i>	<i>\$20</i>	<i>\$10</i>	<i>Other</i>

Child Attendees (please print) – Minimum pledge of \$25 required to attend events

<i>Name</i>	<i>\$50</i>	<i>\$40</i>	<i>\$30</i>	<i>\$20</i>	<i>\$10</i>	<i>Other</i>

Combined Total for all Sponsors and Attendees: _____

Please bring this form with a check made out to "Miracle Ride" to the registration area the day of The Miracle Ride. For additional information, please contact Lori Combs, Registration Team Leader, at 317-370-6694; or visit <http://miracleride.net>. Thanks for your support!