

Cindyrealla Classic Bike Ride - Donation Form

Make checks payable to *Chix 4 A Cause*

chix4acause.org EIN 83-0427085

Bring your completed donation form with you to the check-in station at either location
or mail to 656 Hillside Ln, Cedarburg, WI 53012 (do not mail cash).

You do not need to ride to help fight cancer!

Rider or Family Name: _____ Total Collected \$ _____

Fighting in Honor of _____

Fighting in Memory of _____

Please Print

Donor Name	Pledge Amount \$	Pledge Date / /	Collected \$ _____ Cash Check
-------------------	---------------------	--------------------	-------------------------------------

Address _____

Phone	Email
-------	-------

Donor Name	Pledge Amount \$	Pledge Date / /	Collected \$ _____ Cash Check
-------------------	---------------------	--------------------	-------------------------------------

Address _____

Phone	Email
-------	-------

Donor Name	Pledge Amount \$	Pledge Date / /	Collected \$ _____ Cash Check
-------------------	---------------------	--------------------	-------------------------------------

Address _____

Phone	Email
-------	-------

Donor Name	Pledge Amount \$	Pledge Date / /	Collected \$ _____ Cash Check
-------------------	---------------------	--------------------	-------------------------------------

Address _____

Phone	Email
-------	-------

Donor Name	Pledge Amount \$	Pledge Date / /	Collected \$ _____ Cash Check
-------------------	---------------------	--------------------	-------------------------------------

Address _____

Phone	Email
-------	-------

Prizes for top fundraisers: Must bring this form completed and the funds collected to registration / check-in

For Office Use Only	Amount Received \$ _____	Date Received _____
# _____ Checked in by _____	Rider / Family initial _____	