



# RIDERS FOR PTSD



## PLEDGE SHEET

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Province \_\_\_\_\_

**PLEDGES** Raise \$75 or more in pledges for PTSD **“Project Trauma Support”** and your registration is **FREE**

	Amount
Donor's Name _____ Email _____ Address _____	
Donor's Name _____ Email _____ Address _____	
Donor's Name _____ Email _____ Address _____	
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Donor's Name _____ Email _____ Address _____	

All donations must be collected before the day of the ride to count towards registration RIDERS would like to thank you for your participation	Total pledges collected _____
	Personal pledge _____
	Registration Fee _____
	<b>Total overall</b> _____