

# Pledge Form



[www.cycle4hope.org](http://www.cycle4hope.org)

Participants Name: \_\_\_\_\_

Phone Number or Email Address: \_\_\_\_\_

**Donor Information (please print or type)**

Donor Name	Address	City, State, Zip	Phone #	Pledge Amount
1.				
2.				
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19.				
20.				

Total Pledges Collected = \$ \_\_\_\_\_

Please make checks, corporate matches, or other gifts payable to:

Camp Good Days and Special Times  
 1332 Pittsford-Mendon Road PO Box 665  
 Mendon, NY 14506