THE RED RIDE

June 8, 2008

www.theredride.com

THE RED RIDE PLEDGE SHEET

Note: A tax receipt will be directly issued from York Central Hospital for donations over $ 25.00. ONLY IF ALL INFORMATION IS LEGIBLE!

NAME	ADDRESS	POSTAL CODE	PHONE	EMAIL	AMOUNT $

RIDER : **NAME:**_____

ADDRESS:_____

PHONE: _____**EMAIL:**_____

TOTAL CHEQUES : _____

TOTAL CASH: _____