



AIDS Ride 2020

Benefiting AIDS prevention,
care & treatment throughout
Wisconsin

Team Name

My Fundraising Goal:

 \$

For additional pledge forms
visit aidsridewis.org or
make copies as needed.

Rider's Name _____

Circle One:
Home Work

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Birthday _____ Sex: M F

Please print legibly.

Please ask donors to make checks payable to: AIDS Ride Wisconsin. Contributions are tax deductible.
Thank you for your support. **NOTE: Please make a copy of this sheet for your records.**

Donor's Name:	Area Code & Phone:	\$ Pledged:	\$ Matching Gifts:	\$ Total Pledge:	\$ Collected:
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Card#:					\$ Collected:

DO NOT INCLUDE ONLINE PLEDGES
ON THIS FORM

Please total prior to Ride →