

PLEDGE FORM

Participant name: _____

I am participating in memory of: _____ (optional)

I will be participating in the **Last Mile ride, run, walk** to benefit palliative and end-of-life care at Gifford Medical Center.



You can help this worthwhile cause. Please consider sponsoring me with a pledge.

Make checks payable to **Gifford's Last Mile Ride.**

| Name | Address | Amount | Collected | Tax Receipt |
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Thank you!

Please check the Tax Receipt box if someone above has requested a receipt for tax deduction purposes.

Complete addresses need to be printed for tax receipts.