



## Participant Pledge Form

Rider Name \_\_\_\_\_ Rider Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Thank you for your support of The 2005 Tri-State Trek and its commitment to end Lou Gehrig's disease. This summer committed men and women will cycle hundreds of miles in support of ALS TDF, and your donation will bring them that much closer to finding a cure for this horrible disease.

**Donor Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_ Please accept my enclosed check for \_\_\_\_\_ as a donation to the Tri-State Trek. Checks should be made payable to Tri-State Trek.

or

\_\_\_ Please bill my credit card the amount of \_\_\_\_\_ as a donation to the Tri-State Trek.

\_\_\_ **Visa**      \_\_\_ **Master Card**      \_\_\_ **American Express**

**Acct #** \_\_\_\_\_

**Exp Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

Your donation is tax-deductible and greatly appreciated. Gifts of more than \$250 will automatically receive a receipt from ALS TDF. Please contact the Tri-State Trek Offices if you would like to receive a receipt for a gift of less than \$250.

**Mail to :**  
**Tri-State Trek**  
6 Carlyle Road  
West Hartford, CT 06117