



2009 PLEDGE FORM

Rider Name _____ Rider Number _____

Address _____

City _____ State _____ Zip Code _____

TEAM DONATION

- Yes, this donation should be directed to my Team's Fundraising Account to be distributed amongst my Teammates. **Team Name** _____

Thank you for your support of the Tri-State Trek and its commitment to end Lou Gehrig's disease. Your donation will bring ALS TDI that much closer to finding a cure for this horrible disease.

Donor Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

- 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 # _____ **Expiration Date** _____

Signature _____

Your donation is tax-deductible and greatly appreciated. All gifts will receive a receipt from ALS TDI.

Please return with donation information to:

ALS TDI • Tri-State Trek
215 First Street, Cambridge, MA 02142
FAX: 617.441.7299

