



Hearts for Our Hospital

RIDER PLEDGE FORM



Pledge makers are encouraged to use the secure online pledge process at Race Roster:
<https://raceroster.com/events/2021/33202/hearts-for-our-hospital-bicycle-challenge/fundraising-organization/25598#event-description>

OR, you can visit our Event Website at <http://H4HBikeWeekend.com>. Just look for the "PLEDGES" page under BICYCLE CHALLENGE. The Pledge page contains a link to the Race Roster secure website for making your pledge.

Rider's Name: _____ Planned distance: _____ miles

I have/will sponsor the above-named rider in the amount of:

- 25¢ per mile
 50¢ per mile
 \$1.00 per mile
 Other: _____ per mile
 Flat Donation: \$ _____

	25¢ /mile	50¢ /mile	\$1 /mile
100 miles	\$25.00	\$50.00	\$100.00
64 miles	\$16.00	\$32.00	\$64.00
32 miles	\$8.00	\$16.00	\$32.00
20 miles	\$5.00	\$10.00	\$20.00
10 miles	\$2.50	\$5.00	\$10.00

PAYMENT OPTIONS

- Enclosed check in the amount of \$_____ made payable to: *TRVH Auxiliary Foundation*
- Credit card via online at <https://raceroster.com/events/2021/33202/hearts-for-our-hospital-bicycle-challenge/fundraising-organization/25598#event-description>

PLEDGE MAKER CONTACT INFORMATION

Information will be used for internal use only and not released to outside parties.

Name: _____ Phone: _____

Email: _____ Signature: _____

Return pledge form and check to your rider or mail to:

UFHTV Auxiliary Foundation
 1501 N. US Hwy 441
 The Villages, FL 32159
Thanks for your donation!!!

Donations are tax deductible to the extent of the law. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE, 1-800-435-7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. The Villages Regional Hospital Auxiliary, Inc. Federal Tax ID# 55-0818419 CH #26571; TVRH Auxiliary Foundation, 1501 N US Hwy 441, The Villages, FL 32159 CYCLING EVENT/SPONSORSHIP MATERIALS