

Red River Century Ride for Diabetes

in support of the Children's Hospital Foundation of Manitoba

Sunday, July 25, 2010

Help make a difference in the lives of kids in Manitoba

Brought to you by

in support of



PLEDGE FORM

First & Last Name Address City/Province Postal Code

Telephone _____ Credit Card (circle one) VISA MASTERCARD

Card Number _____ Card Expiry _____ Pledge Amount (circle one) \$25 \$50 \$75 \$100 other \$ _____

First & Last Name Address City/Province Postal Code

Telephone _____ Credit Card (circle one) VISA MASTERCARD

Card Number _____ Card Expiry _____ Pledge Amount (circle one) \$25 \$50 \$75 \$100 other \$ _____

First & Last Name Address City/Province Postal Code

Telephone _____ Credit Card (circle one) VISA MASTERCARD

Card Number _____ Card Expiry _____ Pledge Amount (circle one) \$25 \$50 \$75 \$100 other \$ _____

First & Last Name Address City/Province Postal Code

Telephone _____ Credit Card (circle one) VISA MASTERCARD

Card Number _____ Card Expiry _____ Pledge Amount (circle one) \$25 \$50 \$75 \$100 other \$ _____