***Albany Ride for Missing Children***



# Donor Pledge Form

Rider’s Name Address \_ Email Phone Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Donor Name/email** | **Address** | **City/ State/Zip** | **(x) if NO tax letter required** | **Donation Amount** | **Check#** |
| **John Doe** **jdoe@rochester.rr.com** | **275 Lake Ave.** | **Rochester NY 14608** |  | **$00.00** |  |
| 1.email. |  |  |  |  |  |
| 2.email |  |  |  |  |  |
| 3.email |  |  |  |  |  |
| 4.email |  |  |  |  |  |
| 5.email |  |  |  |  |  |
| 6.email |  |  |  |  |  |
| 7.email |  |  |  |  |  |
| 8.email |  |  |  |  |  |
|  |  |  | ***TOTAL*** |  |  |

***All checks should be made payable to NCMEC/NY***

***Please return this form with your pledges prior to September 20, 2019 to Jen Fitzpatricke \*\* 6 John Streete \*\* Cohoes, NY 12407***

**NO ACKNOWLEDGEMENT WILL BE SENT OUT WITHOUT FULL NAME AND ADDRESS**

NCMEC is a 501(c)(3) tax-exempt charity and is a publicly supported organization as defined in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Service Code. Our Federal identification number is 52- 1328557. Proceeds from this event will be used to fund NCMEC/NY’s prevention education programs and support the Branch mission. For more information about NCMEC/NY call 585-242-0900.