

# Working Together for Stronger, Healthier Babies



## Donor Pledge Sheet

Participant Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Bikers for Babies Team Name: \_\_\_\_\_  
(if applicable)

Fundraising Goal: \$ \_\_\_\_\_

Donor Name	Donor Address / Email or Phone	Donation Amount	Paid
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	