## 2013 tourdeRoadAmerica

Pledge Form

Name





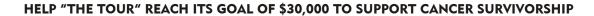


On Friday, August 9, I will ride





of the 4.0 mile Road America race track in support of the AUSTIN HATCHER FOUNDATION, the



					Cancer Clinicand their fight against cancer.
Address					Cuncer Chinicana their right against concer.
City	State/Province	Zip	Country	_	My personal fundraising goal is \$
Evening Phone	Day Phone		Fax		
-	,				Total Checks Collected
E-mail					Total Credit Cards Collected
					Total Cash Collected
					My fundraising total
					at Road America on Friday, August 9. via the pelotonride.org/register.html)
,	Your (participant) ı	name:	Tour de Road	America 2013	Participant ID:
1. DONOR C	ONTACT INFORMA	TION	lour de Rodd	America 2010	MSC: GRSSRTS2013
FIRST NAME		MI LA	ST NAME		COMPANY (ffor business donations)
MAILING STREET	ADDRESS				SUITE/APT. NO
CITY			STATE	ZIP	COUNTRY
EMAIL ADDRESS	(your donation receipt	and ride notice	es)	PHONE (M	MANDATORY FOR CREDIT/DEBIT)
2. DONATION	N INFORMATION	3. DONATIO	ON METHOD		
\$	·		CREDIT []CHECK CASH	(Make payable to t	he Tour de Road America Foundation)
		CREDIT CA	RD NUMBER		EXP. DATE CVV
		TYPE: [ ] AA	MEX [] VISA [] MA	ASTERCARD [ ] [	DISCOVER

## 2013 tourdeRoadAmerica

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Name of participant you are s	Participant ID:			
1. DONOR CONTACT INFORM	America 2012	MSC: GRSSRTS2013		
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Name of participant you are sp	onsoring:	. — . — . — . — . — .	Participant ID:	
1. DONOR CONTACT INFORM	Tc ATION	our de Road A	merica 2012	MSC: GRSSRTS2013
FIRST NAME	MI LAST NAM	E		COMPANY (ffor business donations)
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2. DONATION INFORMATION	3. DONATION ME	THOD		
\$·	[] CREDIT [] CASH	[] CHECK (A	Make payable to the	Tour de Road America Foundation)
				/
	CREDIT CARD NU	MBER		EXP. DATE CVV
	TYPE: [] AMEX []	VISA [ ] MA	STERCARD [ ] DI	SCOVER
0				

**PLEDGES** 

Please return this form and the donations you have collected to the tourdeRoadAmerica booth by 5:00 PM, Friday, August 9.