

# 2013 tourdeRoadAmerica

## Pledge Form



**SUBARU**  
**tourdeRoadAmerica**  
**BIKE RIDE TO FIGHT CANCER**



**HELP "THE TOUR" REACH ITS GOAL OF \$30,000 TO SUPPORT CANCER SURVIVORSHIP**

**On Friday, August 9, I will ride \_\_\_\_\_ laps of the 4.0 mile Road America race track in support of the AUSTIN HATCHER FOUNDATION, the LIVESTRONG Foundation, and the Vince Lombardi Cancer Clinic and their fight against cancer.**

**My personal fundraising goal is \$ \_\_\_\_\_ .**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Zip Country

\_\_\_\_\_  
Evening Phone Day Phone Fax

\_\_\_\_\_  
E-mail

Total Checks Collected

Total Credit Cards Collected

Total Cash Collected

My fundraising total

To be eligible for deadline based incentives, please return this form and the donations you have collected to the **tourdeRoadAmerica** postmarked no later than **August 1, 2013**. Please convert all cash to a check or money order payable to the Tour de Road America. For all non-deadline based incentives, return your pledge forms and all donations to the **tourdeRoadAmerica** booth at Road America on Friday, August 9.

### **YOUR PERSONAL CONTRIBUTION (or make your donation via the [pelotonride.org/register.html](http://pelotonride.org/register.html))**

Your (participant) name: \_\_\_\_\_ Participant ID: \_\_\_\_\_  
Tour de Road America 2013

**MSC: GRSSRTS2013**

#### 1. DONOR CONTACT INFORMATION

\_\_\_\_\_  
FIRST NAME MI LAST NAME COMPANY (ffor business donations)

\_\_\_\_\_  
MAILING STREET ADDRESS SUITE/APT. NO

\_\_\_\_\_  
CITY STATE ZIP COUNTRY

\_\_\_\_\_  
EMAIL ADDRESS (your donation receipt and ride notices) PHONE (MANDATORY FOR CREDIT/DEBIT)

#### 2. DONATION INFORMATION 3. DONATION METHOD

\$ \_\_\_\_\_ . \_\_\_\_\_  CREDIT  CHECK (Make payable to the Tour de Road America Foundation)  
 CASH

\_\_\_\_\_  
CREDIT CARD NUMBER EXP. DATE CVV

TYPE:  AMEX  VISA  MASTERCARD  DISCOVER

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**tourdeRoadAmerica**  
BIKE RIDE TO FIGHT CANCER



AUSTIN HATCHER FOUNDATION  
*for a carefree childhood*



Vince Lombardi Cancer Clinic  
Aurora Health Care



### PLEDGES

Name of participant you are sponsoring: \_\_\_\_\_ Participant ID: \_\_\_\_\_  
Tour de Road America 2012

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**MSC: GRSSRTS2013**

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 CASH

\_\_\_\_\_ / \_\_\_\_\_  
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TYPE:  AMEX  VISA  MASTERCARD  DISCOVER

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