



2007 Participant Pledge Form

Rider Name Peter Slonka Rider Number 183
Address 8 Summit Road
City Watertown State MA Zip Code 02472

~ TEAM DONATION ~

Yes, this donation will be distributed amongst all my Teammates and should be directed to my Team's Fundraising Account. Team Name _____

Thank you for your support of The 2007 Tri-State Trek and its commitment to end Lou Gehrig's disease. Your donation will ALS TDF that much closer to finding a cure for this horrible disease.

Donor Name _____

Address _____

City _____ State _____ Zip Code _____

___ Please accept my enclosed check for _____ as a donation to the Tri-State Trek.
Checks should be made payable to Tri-State Trek.

or

___ Please bill my credit card the amount of _____ as a donation to the Tri-State Trek.

___ Visa ___ Master Card ___ American Express

Acct # _____

Exp Date _____

Signature _____

Your donation is tax-deductible and greatly appreciated. All gifts will receive a receipt from ALS TDF.

Return with your donation to:

ALS TDF
Tri-State Trek
215 First Street
Cambridge, MA 02142
FAX: 617-441-7299

