



The Ride for Missing Children

Donor Sponsor Form



Rider's Name _____

Address _____

City/State/Zip _____

My Total Donation Goal Is \$ _____

Donor Name	Address	City/State/Zip	Phone	Email	Donation Amount	Cash/Check#	Paid
John Doe	275 Lake Ave.	Rochester NY 14608	585-242-0900	johnq@ncmec.org	\$50.00	cash	yes
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Please return this form with your donations prior to Sept 11,2009)

NCMEC/NY * Attn: FL Ride * 275 Lake Avenue * Rochester, NY 14608

Phone: (585) 242-0900 * Fax: (585) 242-0717

Office use only:
Total pledges _____

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.

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