

BBA Annual Fundraiser CENTURY RIDE



Pledge Form

Pledger's Name	Telephone#	Total Pledged
1		
2		
3		
4		
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20		
21		
22		
23		
24		
Total Amount Pledged		

Participant: _____

Telephone: _____ Email: _____

Proceeds to Registered Charity: Bermuda Bicycle Association #219, St. John Ambulance #114