

Rider: Donation from website

Friends Ride for Neurofibromatosis



Name: _____

Address: _____

I pledge \$ _____ (\$175 or more receives a \$50 matching donation!)

PLEASE SELECT FORM OF PAYMENT

Enclosed is/are my check(s) (Please make checks payable to "NF Inc. Northeast")

Please charge my pledge.
Consider charging at www.rideforNF.org. (please chose one of our riders) It eases the process and eliminates mailing this form back.

VISA / MasterCard (circle one)

Account # _____

Expiration Date _____

Name on Card _____

Today's Date _____

Signature _____

My employer will match my gift.

Employer _____ (Please enclose employer's matching gift form.)

Please mail to: Friends Ride for Neurofibromatosis
45 Russell Rd.
Wellesley, MA 02482