

# Cycle of Hope for Africa - Pledge Form

The recommended minimum pledge goal for each cyclist is \$100.

Please return your pledge in an envelope with this form to the address below by November 11th or bring to the event.

Individual Cyclist    Tribe Cyclist    Age: \_\_\_\_\_    Male    Female

First Name: \_\_\_\_\_    Last Name: \_\_\_\_\_

Tribe Leader: \_\_\_\_\_    Tribe Name: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_    Phone: \_\_\_\_\_    Cell: \_\_\_\_\_

Sponsor's Name	Address, City, State, Zip	E-mail	Amount \$
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Seeds of Hope International Partnerships • 710 Mesa View Dr., Arroyo Grande, CA 93420 • Phone 805-202-8456  
 Office Hours: 9:00am-5:00pm Monday—Friday • For more details visit [www.sohip.org](http://www.sohip.org)

**Total Pledge Amount**  
 \$