



Welcome to the TGLF Bike New York Charity Program!



By becoming a member of Team Labrecque, you commit to donate or raise funds of at least \$500 for the Thomas G. Labrecque Foundation, a designated Charity Partner of the 2010 TD Bank Five Boro Bike Tour. Your credit card information is required as a guarantee against this pledge.

Fundraising Deadlines

April 19, 2010	\$500
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We require that your total fundraising commitment of \$500 be raised by April 19, 2010. If you have not submitted your minimum pledge by the close of business on April 19, 2010, your credit card will be charged for the amount of \$500, less any payments received from your donors by that date. Any amount charged to your card will be considered a charitable donation. We will send you confirmation of this donation for tax purposes.

This deadline is in place to ensure that every runner fulfills his or her fundraising commitment. If funds are not received by the deadline for any reason, you may forfeit the ability to participate in the 2010 TD Bank Five Boro Bike Tour.

If you are unable to participate in the Bike Tour due to illness, injury or conflict, you are obligated to raise at least half of the required \$500 as set forth in this agreement. Please note that donations will not be refundable if the fundraiser does not participate in the Bike Tour.

Please feel free to call us with any questions at **703-539-5705**.

Please print and fill out this form to register. (Asterisk* denotes a required field).

First Name* _____
 Last Name* _____
 Date of Birth* (mo/day/year) _____
 Gender* Male Female
 Address* _____
 Address Line 2 _____
 City* _____
 State* _____ Zip* _____
 Daytime Phone* _____
 Email* _____

Please circle the appropriate shirt size below. Please note that once we have ordered your size, you will be unable to exchange for another size.

Shirt Size* [XS S M L XL] [Men's Women's]

Payment Method:

Mastercard Visa

Credit Card Number* _____

Enter numerals only – no dashes or spaces. Debit cards are not accepted.

Expiration date* (month/year) _____

Signature:

Thank you for your participation!

Please print this form and fax to the TGL Foundation at **703-997-8907** or mail to:

TGL Foundation
1414 Prince Street, Suite 400
Alexandria, VA 22314