

BEAMING Inc. *Night at the Races* Donor Pledge

With your help, we will continue to “Change Lives One Ride at a Time”.

We pledge the following item or service in an effort to support BEAMING: _____

Company/Family Name _____

Address _____

City _____ State _____ ZIP _____

Contact Person _____

Contact Phone _____ Email _____

All donors, however big or small, will be recognized during our Night at the Races event.



WE SINCERELY THANK YOU FOR YOUR SUPPORT!

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