

# It's Your Life. Enjoy the Ride.

Rideshare Week ■ Oct. 6-10, 2014

**Pledge to Rideshare** to work at least one day during Rideshare Week, October 6-10. (Check one)

- Carpool/Vanpool       Take the Bus  
 Ride a Bike             Walk  
 Take Metrolink         Work from Home

**Need Help?** Contact your Employer Representative, call 1-866-RIDESHARE (1-866-743-3742), or visit [IECommuter.org](http://IECommuter.org).

Your Name \_\_\_\_\_

first

last

Daytime Phone \_\_\_\_\_

Employer Name *County of San Bernardino* \_\_\_\_\_

## Ridesharing Already?

- Check here if you have been ridesharing for at least three months and would like to join the Rideshare Plus Rewards Program and receive a free Entertainment Book membership. Provide an address or email address and an application will be sent to you.

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

### Rules

1. NO PURCHASE IS NECESSARY TO WIN.
2. Entries accepted through October 24, 2014.
3. Drawing will take place on October 30, 2014.
4. You must be a resident of Riverside or San Bernardino counties or work in Riverside or San Bernardino counties to be eligible to win.
5. You may enter using this form or by sending a postcard with your name, address, city, and zip code plus a daytime phone number, including area code, to Inland Empire Commuter Services, 7355 Magnolia Avenue, Riverside, CA, 92504-3828.
6. Only one entry per person.
7. Odds of winning depend on number of entries.
8. Prizes are described in this form on the opposite page.
9. Winners will be selected by random drawing and notified by telephone.
10. The sponsors of this program are the Riverside County Transportation Commission, P.O. Box 12008, Riverside, CA 92502-2208 and San Bernardino Associated Governments, 1170 W. 3rd Street, Second Floor, San Bernardino, CA 92410.

Detach & return pledge card to:  
HR-Commuter Services, Interoffice Mail Code 0178  
by October 17, 2014 and you will be entered into a drawing.  
One entry per person, please.

From:

Emp Name/ID#: \_\_\_\_\_

Dept. Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Interoffice Mail Code: \_\_\_\_\_

✂ detach form