

2017

CCC Bike Tour Fundraising Materials Guide



photo credit: Nick Agelidis

CCC'17 Fundraising Materials Guide

Version 1

11/21/2016



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Sample Letter 1

Date

Name

Street

City, State, Zip

Dear _____:

I just registered for Arthritis Foundation's 17th Annual California Coast Classic Bicycle Tour, presented by Amgen! On behalf of the Foundation, the charitable bike tour will be raising funds to support arthritis research and community-based education programs for men, women and children affected by arthritis. My goal is to raise a minimum of \$3,500 by August 11th in order to participate in this tremendous event. The event will run from September 9–16, 2017.

The facts about arthritis are alarming – over 50 million Americans currently suffer from arthritis. That's 1 out of every 5 people. New projections predict arthritis to be the epidemic of the future. By the year 2020, the number of people with arthritis will almost double, affecting major life activities such as working, going to school, enjoying leisure activities, or keeping house. Arthritis research can make a difference. The Arthritis Foundation devotes more than \$11 million annually to research and is leading the way to more successful treatments for arthritis. The Arthritis Foundation also makes a difference in the lives of those affected by arthritis by providing programs that help people with arthritis and their families better understand and cope with their disease.

Supporting the Arthritis Foundation by participating in the California Coast Classic Bicycle Tour is a very serious and important challenge that I am committed to. I hope you will help me in my quest to raise a minimum of \$3,500 by making a tax-deductible donation in any amount to the Arthritis Foundation. All checks are greatly appreciated and should be made payable to the Arthritis Foundation and mailed to:

Insert your address here. Do not have your contributors send donations directly to the Arthritis Foundation. Please make several copies of the batch header and cash donation forms, you'll need them!

Thank you in advance for your support. If you would like to learn more about Arthritis Foundation's California Coast Classic Bicycle Tour, please visit www.arthritis.org/CaliforniaCoastClassic

Sincerely,



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Sample Letter 2

Date
Name
Street
City, State, Zip

Dear

I'm committed to making a difference in the arthritis patient community, which is why I registered for Arthritis Foundation's California Coast Classic Bicycle Tour. On Saturday, September 9th, I begin a 525-mile tour from San Francisco to Los Angeles to raise money to fund a cure for arthritis. I'd like to invite you to support me in my efforts to help fight the number one cause of disability in the United States.

Did you know over 50 million Americans and 300,000 children are affected by this debilitating disease, costing our nation over \$128 billion annually?

The California Coast Classic Bicycle Tour is a group of volunteers from all over the planet who commit to train for and complete the 525-mile tour in an effort to raise money for arthritis patient services, research and educational information. Each participant has a fundraising goal, and then elicits sponsorships and donations to help reach that target.

I have set a goal of raising a minimum of \$3,500 for the Arthritis Foundation's California Coast Classic Bicycle Tour. With the help of many friends, family members, and business associates, I have raised \$ [REDACTED] to date; however, I still need your help!

As the only national, nonprofit health organization dedicated solely to fighting arthritis, Arthritis Foundation relies on the support of generous individuals like you to provide funds that will support programs and services to those affected by arthritis.

If you choose to give, I thank you in advance and will be keeping you posted on our progress throughout this adventure. Enclosed for your convenience is a donation form. Please make checks payable to the Arthritis Foundation and return to me. If you have any questions about this event, please call me at [REDACTED] or feel free to call the Arthritis Foundation at 323.746.7791.

Sincerely,



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Sample Letter 3

Date

Name

Street

City, State, Zip

Dear _____,

I just signed up for Arthritis Foundation's 17th annual California Coast Classic Bicycle Tour, presented by Amgen. I'd like to invite you to support me in my efforts to help fight the number one cause of disability in the US.

The California Coast Classic is my opportunity to change the future and make a positive impact in the lives in all those affected by arthritis. Did you know arthritis affects over 50 million adults and 300,000 children in the US?

Chances are, you also know someone who has been affected by arthritis and you already know the debilitating effects of this painful disease. **My goal is to raise \$_____.** For every \$1,000 I raise, another child can go to camp for a week to experience the kind of fun and camaraderie that make a childhood memorable. Many of them could not experience this without your help. This is just one example of what your donated dollars can do for those that live with arthritis.

Will you join me by visiting my personal online fundraising page at http://ccc17.kintera.org/_____ to make a donation? By supporting me, you will help the Arthritis Foundation advance its mission to improve the lives through leadership in the prevention, control and cure of arthritis and related diseases. Alternatively, you can mail your tax-deductible donation to me at the address below (please make out your check to the Arthritis Foundation):

Insert your address here. Do not have your contributors send donations directly to the Arthritis Foundation. Please make several copies of the batch header and cash donation forms, you'll need them!

For tour information, please visit: www.arthritis.org/CaliforniaCoastClassic. On behalf all the people we seek to service in the Arthritis Foundation, thank you!

Kind regards,



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Batch Header Form

Participant Name: _____ Date Batch Mailed: _____

Participant Address: _____

Office Location: Los Angeles, 2017 California Coast Classic Bicycle Tour

Donor Name	Check #	Donation Amount	Verification (Office Use)

Total Number of Checks in Batch: _____ Check Total: \$ _____

Total Donations in Batch: \$ _____ Participant's Signature: _____

Comments:

NEW MAILING ADDRESS:
Arthritis Foundation
Attn: CCC Bike Tour
800 W. Sixth Street, Suite 1010
Los Angeles, CA 90017

CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Cash Donation Form

Complete this cash donation form for all contributors who donate cash to your fundraising campaign. Completing this form accurately will ensure that your cash contributors receive proper acknowledgement of their gift. This form should also be used for check contributions that do not have addresses on the check. Copy this form if you need more sheets.

NOTE: Do not mail in cash!

Combine cash donations and issue your own personal check or money order for the total amount.

Donor's Name: _____

Address: _____

City, State, Zip: _____

Donation Amount: \$ _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Donation Amount: \$ _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Donation Amount: \$ _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Donation Amount: \$ _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Donation Amount: \$ _____



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

2017 California Coast Classic Recommitment Form Due on or before Friday, August 11, 2017*

Rider Name: _____

Please circle: MC / Visa / AmEx

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Card #: _____

Expiration Date: _____ Amount: \$ _____

Card Holder's Signature: _____

Please reserve my spot on the California Coast Classic Bicycle Tour and proceed with finalizing all arrangements. I am providing my credit card information/have enclosed a check for the amount of \$_____. This amount will bring my account up to my final benchmark of \$3,500 for me, if I am a new rider, and \$3,300 if I am a returning rider doing the 8-day tour. I understand that my credit card/check will be processed upon receipt and placed in a holding account. This protects the Arthritis Foundation as it incurs expenses related to my participation. **I may continue to raise funds up to Tuesday, October 31, 2017 and will be reimbursed up to the amount secured with my check or credit card.** Reimbursements will be applied upon successful **completion** of the campaign. The Arthritis Foundation must receive matching gift payments by the end of the year in order to apply to your 2017 fundraising efforts. I understand that the Arthritis Foundation must finalize all arrangements and register bike participants by Friday, August 11 and that these arrangements will be non-refundable and non-transferable.

Signature: _____

Name: _____ Date: _____

*Only if the rider has not reached the fundraising minimum by the recommitment deadline.

Mail:

Arthritis Foundation, Attn: CCC Bike Tour, 800 W. Sixth Street, Suite 1010, Los Angeles, CA 90017
Fax: 323.954.5790 Email: smarangcox@arthritis.org



CALIFORNIA COAST CLASSIC 2017 FUNDRAISING MATERIALS

Donation Request Form

The Arthritis Foundation is committed to raising awareness and reducing the unacceptable impact of arthritis, which strikes one in every five adults and 300,000 children, and is the nation's leading cause of disability. Proceeds from the California Coast Classic go to support education, research, advocacy and other vital programs and services.

Yes! I would love to support the Arthritis Foundation by making a tax-deductible donation towards the 2017 California Coast Classic Bike Tour!

Please complete the following form:

I would like to make a general donation to the California Coast Classic

I would like to sponsor a CCC Rider or Team:

Please accept my contribution for one of the following:

Send a child to Camp Esperanza - \$1,000

Support Arthritis Foundation Research - \$500

Contribute to a Juvenile Arthritis Conference Scholarship - \$250

Support local Arthritis Foundation Programs - \$100

Other: \$ _____

Enclosed is a check payable to the Arthritis Foundation

Please charge my gift to a credit card in the amount of \$ _____

Name on Card: _____

Card Number: _____

AMEX Visa MC

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____

Please mail form and accompanying donation to:

Arthritis Foundation
Attn: CCC Bike Tour
800 W. Sixth Street, Suite 1010
Los Angeles, CA 90017

Thank you for your support!