



# 2014 THE AMGEN PEOPLE'S COAST ARTHRITIS BIKE CLASSIC

## DONATION FORM

**Participant/Team To Credit:** \_\_\_\_\_  
(Blanks will be considered a general event donation)

**Please Select A Donation Amount:**

- \$50
- \$75
- \$100
- \$200
- \$500
- Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Address (must match credit card) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W or C) \_\_\_\_\_ Email \_\_\_\_\_

Message: \_\_\_\_\_

**Method of Payment**

- Check
- Visa
- Mastercard
- Amex
- Discover

Credit Card # \_\_\_\_\_ CVC \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_  
*(Typing your name constitutes a digital signature)*

Please make checks or money orders payable to: Arthritis Foundation  
Fax your donations forms to (503) 245-5691 or email [abailey@arthritis.org](mailto:abailey@arthritis.org)

**Mail this form to:**  
The Amgen People's Coast Arthritis Bike Classic  
Arthritis Foundation  
9700 SW Capitol Hwy Suite 160  
Portland, OR 97219

Questions? Call Allison Bailey at (503) 245-5695 or visit [www.thepeoplescoastclassic.org](http://www.thepeoplescoastclassic.org)



# 2014 THE AMGEN PEOPLE'S COAST ARTHRITIS BIKE CLASSIC

## CHECK/CREDIT CARD FORM

Participant Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Participant Address: \_\_\_\_\_

	Donors Name	Check number	Credit Card Type	Donation Amount	Honor Roll Message
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

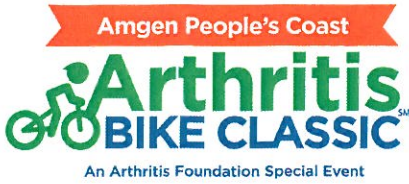
Total Number of Checks: \_\_\_\_\_ Check Total: \$ \_\_\_\_\_

Total Number of Credit Cards: \_\_\_\_\_ Credit Card Total: \$ \_\_\_\_\_

**Total Donations Amount: \$ \_\_\_\_\_**

Notes/Special Instructions:

**Return Completed Form & Donations To:**  
 The Amgen People's Coast Classic Bicycle Tour  
 Arthritis Foundation  
 9700 SW Capitol Hwy Suite 160  
 Portland, OR 97219



# 2014 THE AMGEN PEOPLE'S COAST ARTHRITIS BIKE CLASSIC

## CASH DONATION FORM

**Please Do Not Mail Cash!** Provide a check or money order for the total cash amount. Use the space below to record your cash donors. This record will allow us to acknowledge their generous support.

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Donor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Honor Roll Message: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

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Donor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Honor Roll Message: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

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Donor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Honor Roll Message: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

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**Return Completed Form & Check or Money Order To:**

The Amgen People's Coast Classic Bicycle Tour

Arthritis Foundation

9700 SW Capitol Hwy Suite 160

Portland, OR 97219