

Arthritis Bike Classic - Oregon
Presented by Amgen
Donation Form
September 17-24, 2016

**Arthritis
Bike Classic
OREGON**



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

Please Select A Donation Amount:

- \$50 \$200
 \$75 \$500
 \$100 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 donation forms to (503) 245-5691 or email abailey@arthritis.org

Mail this form to:

Arthritis Bike Classic - Oregon
Arthritis Foundation
9700 SW Capitol Hwy., Suite 160
Portland, OR 97219

Questions? Call Allison Bailey at (503) 245-5695 or visit www.arthritisbikeclassicoregon.com