



2017 ARTHRITIS BIKE CLASSIC – OREGON
PRESENTED BY AMGEN

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

Mail this form to:

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

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



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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:



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Return Completed Form & Donations To:

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

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.

Donor's Name: _____

Address: _____

City, State, Zip: _____

Honor Roll Message: _____

Donation Amount: _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Honor Roll Message: _____

Donation Amount: _____

Donor's Name: _____

Address: _____

City, State, Zip: _____

Honor Roll Message: _____

Donation Amount: _____
