



2015 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 \$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 donations forms to (415) 356-1240 or email jkozicki@arthritis.org

Mail this form to:
PCABC: Jennifer Kozicki
Arthritis Foundation
657 Mission Street, Suite 603
San Francisco, CA 94105

Questions? Call Jennifer at (415) 356-5483 or visit www.thepeoplescoastclassic.org



2015 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:



2015 PEOPLE'S COAST ARTHRITIS BIKE CLASSIC

Return Completed Form & Donations To:
PCABC
Arthritis Foundation
657 Mission Street, Ste. 603
San Francisco, CA 94105

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: _____
