

Breast Cancer Ride 2008 Donation Form

Donate securely online at www.breastcancerride.org

Participant Name (and number if known): _____

PERSONAL INFORMATION Fill in the following information. Please print clearly. Please do not send cash. Donations are tax deductible. We do not sell or share contact information!

Name of Donor: _____

Additional Donor Name (if joint gift): _____

Company name (for corporate donations only): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____ - _____

Email: _____

DONATIONS Please select one. Monthly payments must be made on a credit card. If your company offers matching gifts for employee donations please include their matching gift form with this donation form. (When payment is received, matching gifts will count towards participants fundraising requirement.)

\$750

- pay in full
 5 monthly payments of \$150

\$500

- pay in full
 5 monthly payments of \$100

\$250

- pay in full
 5 monthly payments of \$50

\$100

- pay in full
 4 monthly payments of \$25

Other

- pay total of \$ _____
 pay \$ ____ for ____ monthly payments totaling \$ _____
(Monthly payments must be at least \$25 and cannot exceed 5 months.)

PAYMENT OPTIONS Three options are listed below. All net proceeds from the generous (and non-refundable, non-transferable) donations made to the Breast Cancer Ride go to support Open Arms of Minnesota.

PERSONAL CHECK

Single Payment. Please make checks payable to Breast Cancer Ride. Include participant's name and number on all checks. Donations are non-refundable, non-transferable and tax deductible. **Check Number:** _____

CREDIT CARD

Pay In Full. V MC D AX _____
Account Number
_____/_____
Exp Date Signature

Monthly Payments from Credit Card.

Please debit my: V MC D AX _____
Account Number
_____/_____
Exp Date Signature

I authorize my bank to transfer the amount show above from my credit card each month, for the period specified above directly to Charity Events of Minnesota (the nonprofit organization that produces the Breast Cancer Ride). I understand that a record of each charge will be included in my monthly bank statement and will serve as my receipt. This authority will expire when my contribution has been paid in full. Donations are non-refundable and non-transferable regardless of participation in the Breast Cancer Ride.

Signature _____

Date _____



BreastCancerRide.org
June 21 – 22, 2008

The Breast Cancer Ride benefits Open Arms of Minnesota. For 21 years Open Arms has prepared and delivered free, nutritious meals to those affected with many diseases including people living with breast cancer, their care givers and dependant children.

Please mail this form with your donation to:

Breast Cancer Ride
Attn: Donation Office
4120 Lexington Way
Suite #105
Eagan, MN 55123
651-209-8387

Or donate online at:
BreastCancerRide.org

Do not send cash.