

2014 RE/MAX Results Breast Cancer Ride Donation Form

Donate securely and quickly online at www.BreastCancerRide.org



BreastCancerRide.org
Saturday, Aug 9, 2014

The RE/MAX Results Breast Cancer Ride, produced by the nonprofit Charity Events of Minnesota, benefits local breast cancer service organizations.

Please mail this form with your donation to:

Breast Cancer Ride
P.O. Box 464
Rosemount, MN 55068
651-209-8387

Or donate online at:
BreastCancerRide.org

Tax ID #: 20-8160744

Name of Participant You're Supporting _____

Participant ID (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: _____

Yes. Please make my donation anonymous. Yes. Please hide my donation amount.

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 3 options listed below. Please, do not send cash.

PERSONAL CHECK

Single Payment. Make checks payable to "Breast Cancer Ride". Include participant's name & 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 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