2009 LOUISVILLE
TEAM DONATION FORM

Please mail this form with your donation to:
Norton Healthcare Foundation - The Ride to Conquer Cancer™
1355 Bardstown Road Box 102, Louisville, KY 40204
Or donate online at ridetovictory.org

- This form is designed to make donating to a team as easy as possible. However, donations are still processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- Mail donations to the address above. Do not send donations to **The Ride to Conquer Cancer®** office.
- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- If you donate $10 or more, you will receive a tax receipt in the mail.
- Ask your company if they provide matching gifts for donations.
- Do not alter form. Doing so will cause a delay or return of the donation.

Name of Donor _____ Name of Team You're Sponsoring _____

Donor's Email _____

Donor Address _____ City _____ Province _____ Postal Code _____

For more information about Norton Cancer Institute, please visit nortonhealthcare.com.

To register, or for more information about The Ride to Conquer Cancer, please visit ridetovictory.org or call us at (877) 688-BIKE.

Privacy Notice: The Ride to Conquer Cancer respects your privacy. We do not trade, rent or sell the names of our valued supporters. You may opt out of our mailing list at any time by contacting (877) 688-BIKE. or kentuckyguides@ridetovictory.org.

NORTON HEALTHCARE

PRINT NAMES OF THE TEAM MEMBERS YOU ARE SUPPORTING AND DONATION AMOUNT

Team Member	Participant Number (if available)	Amount of Donation

For additional names, please use additional sheet.

Page 1 Total: _____

Page 2 Total: _____

Final Total: _____

Note: Please make sure the breakout of donations to each team member adds up to the total.

TWO EASY PAYMENT OPTIONS

1. Check (Single payment in full)
Please make checks payable to: The Ride to Conquer Cancer
Please include team name on all checks.

2. Credit Card (Single payment or monthly payments) ❑ **Visa** ❑ **MasterCard** ❑ **Amex**

Card Number _____ Exp. Date _____

IMPORTANT: Your monthly statement(s) will read The Ride to Conquer Cancer.
Payments commence immediately upon the processing of this form by the donation office. Donations are non-refundable and non-transferable.

Signature _____ Date _____

SKU#9033RCLV

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THE RIDE TO CONQUER CANCER
BENEFITING NORTON CANCER INSTITUTE

additional names

Name of Donor ____________________ Name of Team You're Sponsoring ____________________

Donor's Email ____________________

PRINT NAMES OF THE TEAM MEMBERS YOU ARE SUPPORTING AND DONATION AMOUNT

Team Member	Participant Number (if available)	Amount of Donation

Total: ____________