

2009 LOUISVILLE DONATION FORM



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

- Mail donations to the address above. Do not send donations to **The Ride to Conquer Cancer™** office.
- Each check must come with its own donation form.
- We cannot accept cash donations.
- All donations are 100% tax deductible, 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.

Michael K Wilhelm

530234-3

Name of Participant You're Sponsoring

Participant ID Number

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

A. PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

First Name _____ Last Name _____

Company Name (For business donations only) _____

Suite/Apt. No. _____ Mailing Address _____

City _____ State _____ Postal Code/ZIP _____

Phone (Mandatory for credit card payments) _____ Email Address (To receive tax receipt by email) _____

No, I would not like to receive periodic updates (i.e., newsletters, annual reports) about advances in cancer at the Norton Cancer Institute.

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.

B. CHOOSE YOUR LEVEL OF DONATION

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

- | | |
|---|--|
| <input type="checkbox"/> Honourary Rider\$ 2,500 | <input type="checkbox"/> Explorer\$ 500 |
| <input type="checkbox"/> Crusader\$ 1,500 | <input type="checkbox"/> Roadie\$ 250 |
| <input type="checkbox"/> Speedster\$ 1,000 | <input type="checkbox"/> Free Wheeler\$ _____
(any amount) |

- Paid in Full**
 Payment Over Time

_____ monthly payments of \$ _____ (amount)
 (Monthly payments must be \$25 or higher and cannot extend beyond Dec. 31, 2009.)

- Check this box if you prefer not to show the amount of your gift on the participant's Honor Roll.
 Check this box if you do not want your name to appear on The Ride to Conquer Cancer website.
 Please enter your name or message as you would like it to appear on the participant's Honor Roll.



C. TWO EASY PAYMENT OPTIONS

Credit card only for monthly payments over time.

1. Personal Check (Single payment in full. We cannot accept monthly payments over time with checks.)

Please make checks payable to: The Ride to Conquer Cancer

Please include participant name and participant number 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 _____



YOUR DOLLARS **AT WORK**

You are the key to making all this possible. With your support, the Norton Healthcare Foundation will generate the funds necessary to ensure that everyone in our community who needs cancer care will find the help they need at Norton Cancer Institute.

WHEN YOU PARTICIPATE IN THE RIDE TO CONQUER CANCER™, YOU WILL HELP CANCER PATIENTS THROUGH NORTON CANCER INSTITUTE – THE LEADING PROVIDER OF CANCER CARE IN THE LOUISVILLE AND SOUTHERN INDIANA REGION. OUR GOAL IS TO ENSURE THAT WE HELP INDIVIDUALS AND FAMILIES IN OUR REGION CONQUER CANCER BY OFFERING THE PROGRAMS, SERVICES AND ADVANCED CARE OUR ENTIRE COMMUNITY DESERVES.

WE NEED YOUR HELP!

Our region has rates of lung, breast, prostate, colon and cervical cancer that are higher than the national average. With your support, we can:

- Fund research that works toward a cure and offers our community access to the most advanced therapies
- Ensure that prevention programs are in place to help reduce the risk of cancer for present and future generations
- Provide cancer screenings to those who otherwise could not afford them
- Fund the most up-to-date treatment options such as the da Vinci robotic surgical system and radiation and infusion therapies
- Provide the emotional care and educational support patients and their families need in coping with and recovering from cancer



RIDETOVICTORY.ORG
(877) 688-BIKE