



## 2010 NORCAL AIDS CHALLENGE

### Donation Form

May 20-23, 2010

[www.norcalaidchallenge.net](http://www.norcalaidchallenge.net)

Thank you for supporting me as I ride to the Challenge!

**Participant Name:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

Make Checks Payable To: **NCAC**

**\*\*Include participant's name on your check\*\***

Donor Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Email address is required to receive an electronic donation receipt*

Address: \_\_\_\_\_

City / State / Province: \_\_\_\_\_

Zip / Postal Code / Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Show your **name** on the Participant's Fundraising Page (circle one)?

**Yes No**

Show your **donation amount** on the Participant's Fundraising Page (circle one)?

**Yes No**

**Mail your check and this donation form to:**

NorCal AIDS Challenge  
PO BOX 161934  
Sacramento CA 95816

*Thanks for Donating!*