

VeloSano | Donation Deposit Form



DATE _____

PARTICIPANT NAME _____

EMAIL _____

TEAM NAME _____

Use this form to submit check and cash donations.
Please allow 5–7 business days for donations to be credited to your VeloSano / Bike to Cure Personal or Team Fundraising Page.
Checks should be payable to VeloSano.
We encourage you, if possible, to make arrangements to bring cash donations to the VeloSano office. Contact us to make arrangements.
Donor acknowledgements and tax receipts will not be sent for cash donations, unless specifically requested and the donor's name and address is provided.
To ensure proper credit, please send this form with your donations to:
VeloSano
PO Box 933441
Cleveland, OH 44193
Questions? Contact us at velosano@ccf.org or 216.444.6150

Donor Name	Address, City, State, Zip Code (NO NEED TO WRITE ADDRESS IF IT IS CORRECTLY LISTED ON THE CHECK)	Email Address	Donation Amount	Cash/Check #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Notes _____ Total _____