



An indoor cycling event to support ovarian cancer research

ATLANTA 04.24.10
BIRMINGHAM 02.28.10
TALLAHASSEE 05.15.10

I WANT TO SUPPORT OVARIAN CYCLE WITH MY DONATION OF:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____

Participant's Name: _____

Team Name: (if unsure, leave blank) _____

Donor's Name: _____

Donor's Address: _____

City: _____ State: _____ Zip Code: _____

Donor's Phone: (____) _____ -- _____ (must include if paying with credit card)

Donor's email: _____

Dedication: (this note will appear with your name on the participant's Honor Roll)

Do you want to make this a tribute gift? NO YES

If YES, this tribute gift is:

In HONOR of: _____

In MEMORY of: _____

Who shall we notify of this tribute gift?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Method of Payment: CHECK *made payable to Ovarian Cycle* VISA MasterCard AMEX

Cardholder's Name: _____

Card Number: _____ Security Code: _____

Expiration Date: _____ Signature: _____

THANKS FOR YOUR DONATION
Please mail this form to: Ovarian Cycle PO Box 931802 Norcross, GA 30003