

# VeloSano Team Donation Distribution Form

(To be completed by Team Captain)



Use this form to distribute Team Donations. Please list the names and the dollar amount you would like each participant to receive. All individuals listed will be credited the amount indicated on this form.

\_\_\_\_\_  
TEAM NAME

\_\_\_\_\_  
TEAM CAPTAIN

\_\_\_\_\_  
EMAIL/PHONE #

\$ \_\_\_\_\_

GRAND TOTAL OF DONATIONS ENCLOSED

Please send this form to:  
**VeloSano Headquarters**  
9500 Euclid Ave, DVB-103  
Cleveland, OH 44195

For questions, please contact us at  
[velosano@ccf.org](mailto:velosano@ccf.org) or call **216.444.6150**

Participant	\$ Amount	Notes
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	
13. _____	_____	
14. _____	_____	
15. _____	_____	
16. _____	_____	
17. _____	_____	
18. _____	_____	
19. _____	_____	
20. _____	_____	
<b>Total</b>	_____	