

# VeloSano | Donation Deposit Form

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Use this form to submit check and cash donations. Please allow 5–7 business days for donations to be confirmed in your VeloSano Participant Center.

Checks should be payable to VeloSano.

We encourage you to not mail Cash donations and prefer that you deliver these to the VeloSano office. Contact us to make arrangements.

Donor address is needed in order for them to receive a tax receipt for their donation.

To ensure proper credit, please send this form with your donations to:

**VeloSano Headquarters**

**9500 Euclid Ave, DVB-103, Cleveland, OH 44195**

Questions? Contact us at [velosano@ccf.org](mailto:velosano@ccf.org) or **216.444.6150**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
EMAIL

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

Donor Name	Address, City, State, Zip Code <small>(Address not needed if on check)</small>	Email Address	Donation Amount	Cash/Check #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Notes \_\_\_\_\_ Total \_\_\_\_\_