

VeloSano | Offline Donation Form

DONATION INFORMATION

- Name of the participant or team you are supporting: _____
- This is a general donation to VeloSano and cancer research at Cleveland Clinic

Donation Amount (in U.S. currency)

- \$50 \$100 \$250
- \$500 Other \$ _____ (please specify)

This Donation is from: an individual a business / institution

Donation Type

CREDIT CARD

- Visa MasterCard Discover AMEX

Credit Card Number: _____

CVV Number: _____ Expiration: _____

CHECK

Please make checks payable to VeloSano and include the name of the team or participant you are supporting in the memo line. A tax receipt will be mailed to the address on your check. If the address on your check is not current, please provide your current address in the "Your Information" section below.

CASH

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

YOUR INFORMATION *Indicates required information

TITLE *FIRST NAME MIDDLE INITIAL *LAST NAME SUFFIX

COMPANY / ORGANIZATION NAME (IF DONATION IS FROM A BUSINESS OR INSTITUTION)

*ADDRESS

*CITY *STATE *ZIP *COUNTRY

*EMAIL ADDRESS *DAYTIME PHONE

- YES, I would like to receive communications from Cleveland Clinic & VeloSano

MATCHING GIFTS

Does your employer have a matching gift program? If so, you may be able to double or even triple the size of your donation. Simply contact your Human Resources office for the appropriate form or go to: velosano.org/MatchingGifts

Please mail this completed form with donation to:

VeloSano Headquarters
9500 Euclid Avenue, DVB-103
Cleveland, OH 44195

100% of your donation benefits cancer research at Cleveland Clinic.

Questions? Contact us at velosano@ccf.org or call **216.444.6150**.

