

CTF RIDE DONATION FORM

Mail this form with your donation to:

YNHH Office of Development
PO Box 1849
New Haven, CT 06508
203-200-CTFR
Send only one check per donation form.

Drop off this form with your donation to:

Selina Lewis Building
1st Floor Room H-121
659 George Street
New Haven, CT 06511
Send only one check per donation form.

Name of Participant you are sponsoring

If gift is in honor or tribute please provide name

1

Print your information clearly

FIRST NAME	LAST NAME	
COMPANY NAME (for business donations only)	PHONE NUMBER	
MAILING ADDRESS	SUITE/APT. #	
CITY	STATE	ZIP CODE

2

Donation Amount

Email Address*

\$ _____ . _____ | _____

*A receipt will be emailed to you.

3

Choose Your Payment Option

PERSONAL CHECK

Please make your check payable to Yale New Haven Hospital - CTF

Please include participant name on all checks. All donations will be credited in U.S. dollars.

We cannot accept foreign checks or foreign credit cards. Donations are non-refundable and non-transferable.

CREDIT CARD

VISA

MASTERCARD

DISCOVER

AMEX

(circle one)

ACCOUNT NUMBER	EXP. DATE
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SIGNATURE

DATE



YaleNewHavenHealth
Smilow Cancer Hospital

Yale CANCER CENTER
A Comprehensive Cancer Center Designated
by the National Cancer Institute