

# 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.

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. Donations are non-refundable and non-transferable.

CASH DONATION

**PLEASE NOTE: Credit card donations can ONLY be made online at <https://www.rideclosetofree.org/>**

**If you have any questions please call 203-200-CTFR**



YaleNewHavenHealth  
Smilow Cancer Hospital

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