



VELOCITY DONATION FORM

Mail this form with your donation to:

Velocity: Columbia's Ride to End Cancer
Columbia University Medical Center
Att: Rebecca Solinsky
516 West 168th Street, 5th Floor
New York, NY 10032
Send only one check per donation form.

Name of Participant you are sponsoring

INSTRUCTIONS

Please fill this form out completely and legibly to avoid processing delays. A donation form must accompany each donation check. All donations are non-refundable and non-transferable. All donations are tax deductible to the extent allowed by law.

1

Print your information clearly

(If a tribute gift, please provide the name and address for acknowledgement below)

_____ 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*

\$ _____	_____
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**A receipt will be emailed to you.*

3

Choose Your Payment Option

PERSONAL CHECK
Please make your check payable to Columbia University Medical Center

Please include Velocity and participant name on all checks.

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	_____ CVV Code
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_____ SIGNATURE	_____ DATE
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Is this gift in honor or memory? YES NO

Mailing address for in honor or memory of acknowledgement

