



2017 NorCal AIDS Cycle Donation Form

May 11 - 14, 2017

www.norcalaidscycle.org

Thank you for your support!

Participant Name: _____

Amount: \$ _____

Make Checks Payable To: **NCAC**

****Please include participant's name on your check****

Donor Name: _____

E-Mail Address: _____

Email address is required to receive an electronic donation receipt

Address: _____

City / State / Zip: _____

Phone Number: _____

Make Donation Anonymous in Activity Streams? **Yes**

Optional additional message (check one):

In Honor of In Memory of Message

Mail your check and this form to:

NorCal AIDS Cycle (NCAC)

PO BOX 161934

Sacramento, CA 95816

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