



Donation Form 2010

**Yes**, I want to make a donation for **Revolutions, Spinning for Health Care**.

Instructions: Please indicate your donation type below, complete all contact information and payment options. Mail or fax completed Donation Form by January 27, 2010.

- Designated donation for individual rider who is raising money for this event.  
 Rider's Name \_\_\_\_\_ Team \_\_\_\_\_
- General Donation

Contact Information	Please Print All Information
Name	
Company	
Phone	
Fax	
Email	
Web Address	
Address	
Payment Options	Amount of donation \$ _____ <input type="checkbox"/> Check enclosed. Make check payable to Anchorage Project Access <input type="checkbox"/> Call me and I'll provide credit card information. <input type="checkbox"/> Credit Card: __ Visa __ MasterCard __ Discover Credit Card # _____ Expiration Date _____ Three-Digit _____ Print Name on Card _____ Authorized Signature _____

(Anchorage Project Access is a 501(c)(3) Charitable Organization)

**Revolutions, Spinning for Health Care** is a fundraiser for Anchorage Project Access that will be held on Saturday, February 6, 2010, at the Anchorage 5<sup>th</sup> Avenue Mall. It's a spinning relay in which teams compete to raise awareness and funding for Project Access. Riders solicit donations and spin for an hour in a spirit of both friendly competition and shared commitment to the Project Access mission of increasing availability of health care to uninsured patients; funds raised are specifically for medication assistance and case management for enrolled patients.