Donation Form 2019

**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 February 5, 2019.

□ Designated donation for individual rider who is raising money for this event.

 Rider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ General Donation

□ Sponsorship

|  |  |
| --- | --- |
| Contact Information | Please Print All Information |
| Name |  |
| Company |  |
| Phone |  |
| Fax |  |
| Email |  |
| Web Address |  |
| Address |  |
| Payment Options | Amount of donation $ \_\_\_\_\_\_\_\_\_□ Check enclosed. Make check payable to Anchorage Project Access□ Call me and I’ll provide credit card information.□ 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). Tax ID #92-0152088.

**Revolutions, Spinning for Health Care** is a fundraiser for Anchorage Project Access that will be held on Saturday, February 9, 2019, at the Anchorage 5th 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 medical and dental patients.

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**THANK YOU FOR YOUR SUPPORT!**