

**11th Annual Fundraiser | February 8, 2020**

**Anchorage 5th Avenue Mall | 10 AM to 3 PM**

Donation Form 2020

**Yes**, I want to make a donation for **Revolutions, Spinning for Health Care to benefit the patients of Anchorage Project Access**.

*Please indicate your donation type below, complete all contact information and payment options.*

*Mail, Scan or Fax completed Donation Form by February 2, 2020.*

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

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

□ General Donation

□ Sponsorship (indicate level) \*\*\*where will the donor find the levels if they just access this one form??

|  |  |
| --- | --- |
| Contact Information | Please Print All Information |
| Name |  |
| Company |  |
| Phone |  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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(Anchorage Project Access is a 501(c)(3) listed under Christian Health Associates). Tax ID #92-0152088.

**Revolutions, Spinning for Health Care** is a fundraiser for Anchorage Project Access that will be held on Saturday, February 8, 2020, at the Anchorage 5th Avenue Mall. It’s a spinning **FUN**draiser in which teams & individuals participate in an hour of spinning to raise awareness and funding for Anchorage Project Access. Riders solicit donations and spin for an hour in a spirit of both friendly competition and shared commitment to support Anchorage Project Access’ mission of increasing access to health care for low-income, uninsured individuals.

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**THANK YOU FOR YOUR SUPPORT!**