



## 2019 AngelRide Donation Form

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Name of the Participant / Fundraiser

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(Your) First Name

Last Name

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Additional Donor First Name

Last Name

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Mailing address

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City

State

Zip

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E-mail Address

Phone

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Amount of Donation

### **Instructions:**

Please fill out this form fully and legibly to prevent processing delays. Donations are deductible to the fullest extent allowed by law. Donors of more than \$250 will receive a letter of acknowledgement for tax purposes. Donations are non-refundable and non-transferable.

**Make checks to: Angel Charities, Inc.**

### **Matching Gifts:**

Many employers provide their employees with matching gift/pledges. Simply attach your company's matching gift form when you send your donation.

### **Send donations to:**

AngelRide  
PO Box 1013  
Old Lyme, CT 06371

### **Please direct any questions to:**

[lynn@angelride.org](mailto:lynn@angelride.org)  
Angel Charities  
Tax ID 47-2608324  
PO Box 1013  
Old Lyme, CT 06371