

DONATION FORM24 Hours in the Canyon

www.24hoursinthecanyon.org

Name:		
Address:	City:	
State: Zip:	Phone:	
Name of rider you are suppo	rting:	
Amount of Donation:		
Credit Card Type: VISA	MASTERCARD	AMEX
Credit Card Number:		
Expiration Date:	CVV Number*:	
Please make c	heck payable to 24 Hours in th	ne Canyon
Send donation & form to:	24 Hours in the Canyon 1732 Hagy Blvd.	

THANK YOU FOR YOUR SUPPORT!

Amarillo, Texas 79106

CONTRIBUTIONS ARE TAX DEDUCTIBLE AS ALLOWED BY LAW.

Proceeds from the event go to further fund the 24 Hours in the Canyon Cancer Survivorship Center *CVV NUMBER REFERS TO THE 3 DIGITS ON BACK OF VISA/MC OR 4 DIGITS ON FRONT OF AMEX