

DONATION FORM

24 Hours in the Canyon www.24hoursinthecanyon.org

Name:	
Address:	City:
State: Zip: _	Phone:
Name of rider you are su	pporting:
Amount of Donation:	
Credit Card Type: VISA	MASTERCARD AMEX
Credit Card Number:	
Expiration Date:	CVV Number*:
Please make ch	eck payable to 24 Hours in the Canyon
Send donation & form to:	24 Hours in the Canyon 500 S. Taylor Unit #223 Amarillo, Texas 79101

THANK YOU FOR YOUR SUPPORT!

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