



**Donation Form**

**Participant Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Donations Collected (please include all proceeds with this form)

DONOR	DONATION AMOUNT (\$)	CHECK	CASH
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			
<b>GRAND TOTAL</b>			

Make all checks payable to **VeloStreet, Inc.** Collect all donations and mail them with this form to:

**VeloStreet, Inc.**  
 PO Box 5873  
 Santa Rosa, CA 95402

501(c)3 Non-Profit ID:  
 27-0420906