

## TRIKE & BIKE DONATION SUBMISSION FORM

Date:	Address:
Name of Event:	City:
Name of Champion:	State:
E-Mail:	ZIP:
Phone:	



100% supports pediatric cancer research at  
 Cleveland Clinic Children's

Total Amount Enclosed: \$
# of Junior Riders Turning in Money:

Junior Rider Name	Donor Name	Donor Street Address, City, State, ZIP	Gift Amount	Cash/Check #
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Please allow 5-7 business days for donations to be confirmed on the Junior Rider's page  
 Please complete and submit this form with all checks or money orders made payable to: **Cleveland Clinic- VeloSano Kids**  
 Mail to: Adam Gundlah, 3050 Science Park Drive, AC3-222, Beachwood OH 44122  
 Donor addresses are needed for tax receipt for their donation

FOR CLEVELAND CLINIC USE:  
 Appeal Code: **THIRDPTY**; FUND: 30056909