



## Injured Riders Mail -In Donation Form

You may return your completed form with a personal check, money order, or credit card information to:

*The Injured Riders Foundation*  
Gift Processing Center  
6140 Parkland Blvd S. 300  
Mayfield Hts OH 44124.

### **DONOR INFORMATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
Daytime Phone Cell Phone

Email Address \_\_\_\_\_

Would You Like To Be Added to Our Email List? Yes  No   
Would You Like To Be Added to Our Mailing List? Yes  No

### **GIFT INFORMATION**

Enclosed is My Gift of \$ \_\_\_\_\_ (please make all checks out to The Injured Rider Foundation)

I would like to Adopt-A-Rider where my funds will be applied to the named Injured Rider's recovery

Name of Injured Rider \_\_\_\_\_

Please Charge My Credit Card for \$ \_\_\_\_\_ (please make sure the above address information is accurate according to your billing address on file with the credit card company)

Visa  MasterCard  Discover  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name On Card \_\_\_\_\_

Signature \_\_\_\_\_