



## MAIL-IN DONATION FORM

### DONOR INFORMATION

Donor Name (First Name and Last Name) \_\_\_\_\_

Organization Name (Fill this out only if you are making this donation on behalf of an organization)  
\_\_\_\_\_

### CONTACT INFORMATION

Address (If you are making this donation on behalf of an organization, please provide the company's address)  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ (circle one) HOME OFFICE MOBILE

What best describes your relationship with us:  parent  coach  community member  other \_\_\_\_\_

### DONATION INFORMATION

Donation Amount:  \$25  \$50  \$85  \$125  \$300  \$500  Custom Amount \_\_\_\_\_

I am enclosing my check made payable to the Georgia Interscholastic Cycling League

Please charge my credit/debit card

Cardholders Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Please add 3% to my donation amount to cover credit card processing fees

**PLEASE MAIL THIS COMPLETED FORM WITH CHECK (if applicable) TO:**

**Georgia Cycling Association  
931 East Main Street – Suite A  
Blue Ridge, GA 30513**