



2020 NorCal AIDS Cycle Donation Form

May 14 - 17, 2020

<https://norcalaidscycle.org>

Thank you for your support!

Participant Name: _____

Amount: \$ _____

Make Checks Payable To: **NCAC**

****Please include participant's name on your check****

Donor Name: _____

E-Mail Address: _____

Email address is required to receive an electronic donation receipt

Address: _____

City / State / Zip: _____

Phone Number: _____

Make Donation Anonymous in Activity Streams? **Yes**

Optional additional message (check one):

In Honor of In Memory of Message

Mail your check and this form to:

NorCal AIDS Cycle (NCAC)

PO BOX 161934

Sacramento, CA 95816

NorCal AIDS Cycle (formally NorCal AIDS Challenge) a 501(c)(3) non-profit corporation – tax ID # 26-4836283