



DONATION FORM

Donate Online:
www.pinkribbonriders.com

Please mail the bottom of this form with your donation to:

Pink Ribbon Riders
PO Box 694
North Branch, MN 55056

Your donation to the PRR will provide direct financial support to men and women that have been diagnosed with breast cancer to help in the daily struggles while battling.

- A PRR FACT: Persons that apply to the Pink Ribbon Riders assistance program receive a \$500 gift card. Each gift card given to patients is a cost of \$18 to \$25 additional to make happen. Your gift will help make these gifts possible for those in need.

IMPORTANT INFORMATION:

- For mailed donations, please fill this form out completely. We must be able to read your information as to not cause delays to process your donation.
- All donations are tax deductible as PRR is a 501 C 3 Non Profit organization.
- Donations of \$100 or more will receive a receipt. Please keep your check as a receipt.
- Donations are NON-Refundable and Non-transferable and not a part of any other program of the PRR.
- We accept check and credit card donations. (We cannot accept cash donations by mail.)
- Please send one donation per form.

About the Pink Ribbon Riders:

The Pink Ribbon Riders (PRR) is a volunteer based organization that was founded in 2006. The organization was started as founders Jody McKay and Alia Brown found that there were many organizations that helped with research but not many that helped the patient with direct financial assistance for the daily struggles.

Matching Gifts: Check to see if your company will match your donation so that you can make a stronger impact for a breast cancer patient in need. Whether you made a donation online or by mail, please mail the company form to the Pink Ribbon Riders. Attn: Matching Gifts. Please include your name and information.

Pink Ribbon Riders® is a registered trademark of the Pink Ribbon Riders organization. The Pink Ribbon Riders tax Id # is 13-4360844

Please cut here _____

1. DONOR INFORMATION: (Please fill out completely)

First Name _____ Middle _____ Last _____

Mailing Address _____ Apt # or Suite _____

City _____ State _____ Zip _____ Country _____

Email Address _____ Phone -For credit card donors: _____

I do not wish to receive a monthly update on Pink Ribbon Riders via email. PRR keeps all emails private and protect you as a donor and would only send a few a year.

2. Your Donation information:

Amount \$ _____.

Check - Your check # _____ Please make checks payable to: Pink Ribbon Riders

Credit Card (Single Payment) Type _____ Visa _____ Mastercard _____ Discover

Credit Card # _____ Exp Date _____ CVV# _____

Signature for Credit Card _____ (CVV is on back of your card)

3. Is this donation a MEMORIAL or IN HONOR of DONATION: _____ Yes or _____ No, A general Donation, I do not need a card sent.

4. For YOUR memorial card or Memory Card that we will be sending: * This is the information you want the person to see in the card

IN HONOR or In MEMORY of (name): _____

Where does the PRR mail this card to: Name: _____

Mailing Address _____ City _____

State: _____ Zip Code: _____ Country: _____

5. How should your name appear in the Card PRR is sending: (example: Mr., Mrs., Company name, The Jones Family)
