

BLACK ROCK BIKE-A-THON DONATION RECORDING SHEET



Rider Name: _____ Ride: _____

All donations must be included in envelope when you check-in on the day of your ride.

Donor Name & Address (Please Print)	Phone #	Donation Amount	Check # or CASH
1. Name _____ Street Address _____ City _____ State _____ Zip _____			
2. Name _____ Street Address _____ City _____ State _____ Zip _____			
3. Name _____ Street Address _____ City _____ State _____ Zip _____			
4. Name _____ Street Address _____ City _____ State _____ Zip _____			
5. Name _____ Street Address _____ City _____ State _____ Zip _____			
6. Name _____ Street Address _____ City _____ State _____ Zip _____			
7. Name _____ Street Address _____ City _____ State _____ Zip _____			
8. Name _____ Street Address _____ City _____ State _____ Zip _____			
Note: Donations accepted in Cash or Checks Please make checks payable to Black Rock Retreat.		TOTAL	