

15th Annual
Harvest Century
Benefiting Community Vision
Sunday, September 24th, 2017



Fundraiser Name

Complete and mail this form along with your donation to support my participation in the Harvest Century 2017 bike ride.

Donor Information:

Donor Name

Company Name

Daytime Phone

Evening Phone

Email

Address (circle one) Home or Company

Donation Information:

Donation Amount:

\$25 \$50 \$75 \$100

\$250 \$ _____ Other

Payment Type:

___ Check (payable to Community Vision)

___ Credit

Card Number:

Expiration Date:

Signature:

To ensure your donation is credited appropriately, please be sure to fill out the pledge form in its entirety, including the name of the rider (in top right corner) that you are sponsoring.

Completed pledge forms may also be sent directly to:

Community Vision
Attn: Jill Schinn
1750 SW Skyline Blvd., Ste 102
Portland, OR 97221

Thank you for your donation!

