

# “Cycle to the Sea – ASAP” Donation Log Form

Cyclist Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fundraising Goal **\$1000.00**

**Cyclist Instructions:**

1. **Print** all information
2. **Sign** this form at the bottom.
3. **Be sure** your donators understand their commitment to ASAP.
4. **Remember** to put *your name* in the memo section on all checks.
5. **Start Now** to sign up donations.

**Donator Instructions:**

1. **Please Print** all information.
2. **Please Make Checks** payable to **“ASAP Fund.”**

Donator's Full Name	Address	City, State, Zip	Phone	Amount Given	Amount Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				<b>Total Donations (This Page)</b>	<b>Total Paid (This Page)</b>

I understand that funds raised from this event will be used towards the Adaptive Sports and Adventures Program at Carolinas Rehabilitation to provide sports and recreational opportunities for patients and community members.

Signature of participant (Parent or Guardian if less than 18 years of age) \_\_\_\_\_