



RIDER DONATION FORM

Complete this form and mail along with your donation to support Changing Gears.

Rider name: Karen Richards

Donor Name: _____

Address _____

City _____ State _____ ZIP code _____

Daytime Phone _____ Evening Phone _____

Email _____

Donation Amount (please circle one)

\$25 \$50 \$75 \$100 \$150 \$250 \$500 \$_____ (Other)

_____ I would like to make a donation by check and have enclosed payment.

(Make checks payable to Amazon Heart and include my name in the memo as well as the event name, Changing Gears.)

_____ I would like to make a donation by credit card.

VISA DISCOVER MASTERCARD (PLEASE CIRCLE)

Card Number _____ Expiration Date _____

Signature _____ Phone Number _____

Mail form and payment to:

Karen Richards
4514 N. Dover, #1N
Chicago, IL 60640

Please make checks payable to Amazon Heart

(Copies of this form acceptable)