



2024 NorCal AIDS Cycle Donation Form

May 16-19, 2024

<https://norcalaidscycle.org>

<https://give.norcalaidscycle.org>

Thank you for your support!

Participant Name: _____

Amount: \$ _____

Make Checks Payable To: **NCAC**

****Please include participant's name on your check****

Donor Name: _____

E-Mail Address: _____

Email address is required to receive a donation receipt

Address: _____

City / State / Zip: _____

Phone Number: _____

Don't show my name publicly.

Only NCAC will see your name & details, the
Participant will not have access to your information.

Don't show my amount publicly.

Optional additional message (check one):

In Honor of In Memory of Message

Mail your check and this form to:

NorCal AIDS Cycle (NCAC)

PO BOX 161934

Sacramento, CA 95816

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