

Wheels of Love 2019 Ride

Rider's Name _____

- Please write legibly! Business checks must have an individual's contact name.
- Do not replace cash with your personal check: Please put cash in an envelope with donor's name and address on the front.
- Mail this form with checks, charge forms & cash envelopes to:
American Friends of ALYN, 122 E. 42nd Street Suite1519, New York, NY 10168

Donor First Name	Donor Address	Amount	Payment Method	Check Number	Check Date

Total checks _____

Total amount _____