

# LOVE RIDE SPONSOR CONTRIBUTION RECEIPT

Love Ride 2015 benefiting Wounded Warrior Project®



*This receipt is for your Sponsor's contributions only. Use one receipt per Sponsor. (Sponsors are friends, family, co-workers and others who make a contribution on your behalf).*

*Personal contributions are entered on your "Sign-Up Sheet/Waiver."*

Name of Love Ride participant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Your Sponsor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsors Check Contribution \$ \_\_\_\_\_

Sponsors Cash Contribution \$ \_\_\_\_\_

Sponsors Total Contribution \$ \_\_\_\_\_

**\*\*\*\*\*Important Notice\*\*\*\*\***

**The full amount of all contributions must be submitted with your "Sign-Up Sheet/Waiver on or before the day of the Love Ride.**

**CONTRIBUTIONS THAT REQUIRE BILLING AND COLLECTION WILL NOT BE ACCEPTED**

**Federal Tax I.D. No. 95-4694025**

**LOVE RIDE FOUNDATION 314 MIRA LOMA AVE., GLENDALE, CA 91204**

**GIVE THIS TO YOUR SPONSORS AS A TAX DEDUCTIBLE RECEIPT**

**The Love Ride is a registered 501c3.**