CTF RIDE DONATION FORM

Mail this form with your donation to: YNHH Office of Development PO Box 1849 New Haven, CT 06508 203-200-CTFR Send only one check per donation form.



Offline donations cannot be dropped off and must be mailed to the address above.

Name of Participant you are sponsoring		If gift is in honor or tribute please provide name	
1	Print your information clearly		
FIRST NAME		LAST NAME	
COMPANY NA	ME (for business donations only)	PHONE NUMBER	
MAILING ADD	RESS		
CITY		STATE	ZIP CODE
2	Donation Amount	Email Address*	
	\$	*A tax receipt will be only be provided if you inclu	de the donor's email address.
3	Choose Your Payment Option		
1 1	PERSONAL CHECK Please make your check payable to Yale New Ha	ven Hospital - CTF	
	Please include participant name on all checks. All c	•	
\	We cannot accept foreign checks. Donations are no	on-refundable and non- transferable.	
	CASH DONATION		
The Closer to	Free Ride operates under the nonprofit stat	us of Yale New Haven Hospital. The ta	ax ID is 06-0646652.

PLEASE NOTE: Credit card donations can ONLY be made online at https://www.rideclosertofree.org/

If you have any questions please call 203-200-CTFR



YaleNewHavenHealth **Smilow Cancer Hospital**

