

ALRSC Chapter _____ Legacy Ride Donations for _____ (year)

Individual or business name	Address	Amount Donated
TOTAL		

This form is for those donations where the National Office will be sending plaques! Please place name on form the way it should be placed on plaque. The address of the individual/business where the confirmation letter will be sent. The amount donated is **ONLY** for those individuals/businesses who donated **\$750.00** or more. All donations in excess of the ones listed here must be combined and listed under the Chapter total. For example if Chapter X collected \$5000.00 and had **4** donations of \$750.00 each. Those **4** individuals/businesses should be listed with their amount in the last column and the remaining \$3000.00 should be listed on a line with Chapter X and the Chapters address.

Submitted by:

Name _____

Signature _____

Phone or e-mail address _____