



# 2026 NorCal AIDS Cycle Donation Form

May 14-17, 2026

<https://norcalaidscycle.org>

<https://charity.pledgeit.org/NCAC>

*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.*

**Optional additional message:**

**Page Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail your check and this form to:**

NorCal AIDS Cycle (NCAC)

PO BOX 161934

Sacramento, CA 95816

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