# 2008 tourdeRoadAmerica
## Corvette Challenge
# Mail-In Donation Form

tourdeRoadAmerica
BIKE RIDE TO FIGHT CANCER
BENEFITING
LIVESTRONG
LANCE ARMSTRONG FOUNDATION

To make an online contribution, visit: www.pelotonride.org/corvettechallenge.html

**Support Doug!**
Fitness plays an important role throughout the Corvette Racing team. As program manager, I try to lead by example - and it's clear that some team members need a little work. Finishing the London Marathon was certainly a glamorous achievement for Oliver, but a bike race at Road America will separate the men from the boys. Remember, the British had the prettiest uniforms, but we won the war!

Doug Fehan vs. Oliver Gavin
(Experience and Treachery vs. Youth and Enthusiasm)

**Support Oliver!**
I'm younger, fitter, stronger - and smarter. Despite his advanced age, I'm sure that Doug will push himself hard because he wants to win as badly as I do. Knowing him as I do, I'm confident that it won't be a clean fight, but I've got some tricks up my sleeve as well. I've done marathons and triathlons, but the bicycle race with Doug will certainly be the greatest challenge yet. I'm not sure if it's a good career move to beat the boss, but I'm going for it!

## CONTRIBUTION AMOUNT

- ❑ $25 ..... "White Jersey Level"
- ❑ $50..... "Green Jersey Level"
- ❑ $75..... "Polka Dot Jersey Level"
- ❑ $100..... "Yellow Jersey Level"
- ❑ Other contribution amount.....= $ _____.00

The Lance Armstrong Foundation is a 501(c)(3) organization headquartered in Austin, TX Tax ID# 74-2806618

**Make Your Pick!**

- ❑ **Pledge to Oliver Gavin** LSRAUS08 ID#226653488
- ❑ **Pledge to Doug Fehan** LSRAUS08 ID#226653439

Please mail this form to the **tour**de**RoadAmerica** address below by August 31, 2008.

tourdeRoadAmerica benefiting Lance Armstrong Foundation - www.pelotonride.org - info@pelotonride.org
c/o 249 Milford St. East Lansing, MI 48823 - 517-980-4609

FIRST NAME MI LAST NAME

COMPANY/ORGANIZATION

BILLING STREET ADDRESS

SUITE/APT NUMBER

CITY ST/PROV ZIP/POSTAL

COUNTRY

E-MAIL ADDRESS

PHONE **(mandatory for credit card)**

**Method of Payment** ❑Check ❑Cash ❑ Credit Card

Make Checks payable to: **Lance Armstrong Foundation**.
Please do not mail cash.

**Credit Card Information:** ❑**Mastercard** ❑**Visa** ❑**AMEX** ❑**Discover**

CREDIT CARD NUMBER EXP. DATE

**Matching Gifts?**

❑ Check here if your organization matches contribution to charitable organizations.

**Signature** _____