AIDS/LifeCycle7 San Francisco 2008 Donation Form

Participant Name: _____ **Participant Number:** _____

You can also make your donation online via our secure website at www.AIDSLifeCycle.org!

PERSONAL INFORMATION *Fill in the following information. Please print legibly.*

First Name ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. M.I. Last Name

Additional Donor ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. M.I. Last Name

Company Name (For Corporate Donations Only) Country (if other than U.S.)

Mailing Address Suite/Apt. #

City State Zip

Phone Number ☐ Home ☐ Mobile ☐ Work Email

Donors will receive a letter of acknowledgement for tax purposes. ***Donations are tax deductible.***
The Federal EIN for the San Francisco AIDS Foundation (SFAF) is 94-2927405.

DONATIONS *All contributions are non-refundable and non-transferable, regardless of participation in AIDS/LifeCycle 7.*

$10,000
☐ pay total
☐ 10 monthly payments of $1,000

$2,500
☐ pay total
☐ 10 monthly payments of $250

$1,000
☐ pay total
☐ 10 monthly payments of $100

$750
☐ pay total
☐ 10 monthly payments of $75

$500
☐ pay total
☐ 10 monthly payments of $50

$250
☐ pay total
☐ 10 monthly payments of $25

$150
☐ pay total
☐ 6 monthly payments of $25

Other:
☐ pay total of $ _____

☐ pay _____ monthly payments of

$ _____ totaling $ _____
(Monthly payments must be at least $25 and cannot exceed 10 months.)

CORPORATE MATCHING

Many businesses will match employee charitable donations. If your company will match your gift, please complete your paper or online application through your employer. The street address to mail forms (if required) is: ***AIDS/LifeCycle, c/o San Francisco AIDS Foundation, 995 Market Street, Suite 200, San Francisco, CA 94103****. When received, matching funds will count toward your sponsored participant's fundraising requirement.*

PAYMENT OPTIONS *Please do not send cash.*

PERSONAL CHECK

☐ **Single Payment.** Please make checks payable to AIDS/LifeCycle. Include participant's name and number on all checks.

CREDIT CARD

☐ **Single Payment.** Please debit a one-time payment of $ _____ from my credit card.

☐ **Direct Monthly Deductions From Credit Card.** Please debit my credit card $_____ automatically each month for ____ months, for a total contribution of $ _____. *(Monthly payments must be at least $25; not to exceed 10 months.)*

This authorization will expire when my contribution has been paid in full or when revoked by me in writing.

☐ Visa ☐ MC ☐ AmEx ☐ Discover Account Number Exp MM / Exp YY

Signature _____ Date _____

AIDS/LifeCycle™ is the official cycling event produced by and in support of the San Francisco AIDS Foundation and the AIDS services of the L.A. Gay & Lesbian Center

Please mail this form with your donation to:

AIDS/LifeCycle
c/o San Francisco
AIDS Foundation
File #7421502
P.O. Box 60000
San Francisco, CA 94160

Or make your donation online at:
www.AIDSLifeCycle.org

Questions?

Call the San Francisco AIDS Foundation Pledge Office:
(415) 487-3092

or e-mail:
pledge_sf@aidslifecycle.org

Please do not send cash.