

AIDS/LifeCycle™ 2015

May 31 - June 6

DONATION FORM

Participant Name:

Mr. Anthony C. Eason

Participant Number:

4990

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 / Unit #

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 2015.*

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

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

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

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

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

Other:
 pay total of \$ _____
 pay _____ monthly payments of

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

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

\$ _____ totaling \$ _____
(Monthly payments must be at least \$10 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, 1035 Market St, Suite 400, San Francisco, CA 94103

Matching funds will count toward your sponsored participant's fundraising requirement when received.

PAYMENT OPTIONS *Please do not send cash.*

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 \$10; 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 _____



Ride to end AIDS

AIDS/LifeCycle™ is the official cycling event produced by and in support of San Francisco AIDS Foundation and the HIV/AIDS services of the Los Angeles LGBT Center



Please mail this form with your donation to:

**AIDS/LifeCycle
 Dept. 34745
 P.O. Box 39000
 San Francisco, CA 94139**

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

or fax your donation form to:
415-487-3069



Questions?
 Call AIDS/LifeCycle Donor Services:
(415) 487-3092

or e-mail:
Donate_SF@aidslifecycle.org

Please do not send cash