DONATION FORM

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 Los Angeles LGBT Center is 95-3567895

DONATIONS
All contributions are non-refundable and non-transferable, regardless of participation in AIDS/LifeCycle 2023.

$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

$1,000 □ pay total □ 10 monthly payments of $100
$250 □ pay total □ 10 monthly payments of $25

$750 □ pay total □ 10 monthly payments of $75
$150 □ pay total □ 6 monthly payments of $25

Other:
□ pay total of $________
□ pay _____ monthly payments of $_____
$________ 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, Dept. 9383, Los Angeles, CA, 90084-9383

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
□ 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 __________