

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	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>

Additional Donor	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	M.I.	Last Name
<input type="text"/>		<input type="text"/>	<input type="text"/>

Company Name (For Corporate Donations Only)	Country (if other than U.S.)
<input type="text"/>	<input type="text"/>

Mailing Address / Suite / Unit #
<input type="text"/>

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Email
<input type="text"/>		<input type="text"/>

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 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

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

<input type="text"/>	/	<input type="text"/>
Account Number		Exp MM / Exp YY

Signature _____ Date _____

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
 P.O. Box 426199
 San Francisco, CA 94142

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

**Questions?**

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

or e-mail:
Donate_SF@aidslifecycle.org

Please do not send cash