

Participant  
Name:

You can also make your donation online via our secure website at [www.aidslifecycle.org](http://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 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.

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 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 CSC

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](http://www.aidslifecycle.org)



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

or e-mail:  
[Donate\\_SF@aidslifecycle.org](mailto:Donate_SF@aidslifecycle.org)

Please do not send cash