AIDS/LifeCycle7 Los Angeles 2008 Donation Form

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

Make your donation online 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 L.A. Gay & Lesbian Center (LAGLC) is 95-3567895.

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 L.A. Gay & Lesbian Center, 1625 N. Schrader Boulevard, Los Angeles, CA 90028****. When received, matching funds will count toward your sponsored participant's fundraising requirement.*

PAYMENT OPTIONS *Please do not send cash.*

PERSONAL CHECK

☐ 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 Account Number Exp Date /

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
L.A. Gay & Lesbian Center
Dept. 9383
Los Angeles, CA 90084-9383

Or fax your donation to:
(323) 308-4031

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

Questions?

Call the AIDS/LifeCycle Los Angeles Pledge Office:
(323) 993-7497

or e-mail:
pledge_la@aidslifecycle.org

Please do not send cash.