AIDS/LifeCycle6 Los Angeles 2007 Donation Form

Name of participant you're sponsoring: Kenneth Heaps

Participant number: 8062

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

E-mail

You will receive a letter of acknowledgment for tax purposes. Donations are tax deductible.

DONATION Although we cannot guarantee what percentage of donations will go directly to the cause, we can ensure that the maximum return for every dollar raised will support the Jeffrey Goodman Special Care Clinic and other HIV/AIDS related services of the L.A. Gay & Lesbian Center. All contributions are non-refundable and non-transferable, regardless of participation in AIDS/LifeCycle 6.

Benefactor: $2,500
☐ pay total
☐ 10 monthly payments of $250

Century Benefactor: $1,000
☐ pay total
☐ 10 monthly payments of $100

Charter Member: $750
☐ pay total
☐ 10 monthly payments of $75

Patron: $500
☐ pay total
☐ 10 monthly payments of $50

Sponsor: $250
☐ pay total
☐ 10 monthly payments of $25

Associate: $150
☐ pay total
☐ 6 monthly payments of $25

Other:
☐ pay total
☐ monthly payments of $_____ totalling $_____
(Monthly payments must be at least $25 and cannot exceed 10 months.)

MATCHING GIFTS Many businesses offer matching gift programs for employees. If yours does, please send a matching gift form with your donation. When received, matching gifts will count toward your sponsored participant's fundraising requirement. *(The Tax ID number for Los Angeles participants in AIDS/LifeCycle is 95-3567895.)*

PAYMENT OPTIONS *(Please do not send cash.)*

Personal Check
☐ **Single payment.** *(Please make the check payable to AIDS/LifeCycle. Include the participant's name and participant number on your check.)*

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 and cannot exceed 10 months.)* This authorization will expire when my contribution has been paid in full or when revoked by me in writing.

☐ **VISA** ☐ **MasterCard** ☐ **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
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.