

# AIDS/LifeCycle 9 LOS ANGELES DONATION FORM

THE 2010 AIDS/LIFECYCLE IS JUNE 6<sup>TH</sup> – JUNE 12<sup>TH</sup>, 2010

Participant Name:  Participant Number:

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/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 9.*

<b>\$10,000</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$1,000	<b>\$750</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$75	<b>\$150</b> <input type="checkbox"/> pay total <input type="checkbox"/> 6 monthly payments of \$25
<b>\$2,500</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$250	<b>\$500</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$50	<b>Other:</b> <input type="checkbox"/> pay total of \$ _____ <input type="checkbox"/> pay _____ monthly payments of _____
<b>\$1,000</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$100	<b>\$250</b> <input type="checkbox"/> pay total <input type="checkbox"/> 10 monthly payments of \$25	<b>\$ _____ totaling \$ _____</b> <i>(Monthly payments must be at least \$25 and cannot exceed 10 months.)</i>

## 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.** 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 \$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  Discover  /   
Account Number Exp MM Exp YY

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) 308-4083

Or make your donation online at:  
[www.AIDSLifeCycle.org](http://www.AIDSLifeCycle.org)

### Questions?

Call the AIDS/LifeCycle Los Angeles Donor Services:  
(323) 860-7375

or e-mail:  
[pledge\\_la@aidslifecycle.org](mailto:pledge_la@aidslifecycle.org)

**Please do not send cash.**