

AIDS/LifeCycle 2014 DONATION FORM

June 1 - 7, 2014

Participant Name: Mr. Phillip Michael Schlueter

Participant Number: 1579

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 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 2014.*

- \$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
\$750: 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.

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 HIV/AIDS services of the L.A. Gay & Lesbian Center



Please mail this form with your donation to: AIDS/LifeCycle Dept. 34745 P.O. Box 39000 San Francisco, CA 94139

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