



# Donation Form

NAME OF PARTICIPANT YOU'RE SPONSORING  
(Include above information on all checks.)

RIDER/CREW NO.

**INSTRUCTIONS:** Please fill this form out completely and legibly to prevent processing delays. Sorry, we cannot accept cash donations. Donations are tax deductible to the fullest extent allowed by law. You will receive a letter of acknowledgement for tax purposes. Donations are non-refundable.

Please mail this form with your donation to:  
**Alaska AIDS Vaccine Ride**  
135 S. LaSalle, Dept. 7404  
Chicago, IL 60674-7404

(323) 857-7222  
(888) 553-4567 toll-free



## Print YOUR Name Clearly

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name (For Business Donations Only) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

( ) \_\_\_\_\_

Phone (Mandatory for Credit and Debit Payments) \_\_\_\_\_ E-Mail Address \_\_\_\_\_



## Choose Your Level of Donation

Determine your level of support by choosing one of the donation options below.  
Many companies provide their employees with matching gifts. Check with your employer on its specific guidelines.

**Honorary Rider** ..... \$1,000    **Heroism** ..... \$750    **Inspiration** ..... \$500

- Paid in Full
- 10 Monthly Payments of \$100
- Paid in Full
- 10 Monthly Payments of \$75
- Paid in Full
- 10 Monthly Payments of \$50

**Commitment** ..... \$250    **Spirit** ..... \$150    **Other Amount**

- Paid in Full
- 5 Monthly Payments of \$50
- 10 Monthly Payments of \$25
- Paid in Full
- 6 Monthly Payments of \$25
- Single Payment in Full (Amount \$ \_\_\_\_\_)
- \_\_\_\_\_ Monthly Payments of \$ \_\_\_\_\_

totaling \$ \_\_\_\_\_ (Monthly payments must be \$25 or higher and cannot extend beyond 10 months.)



## Three Easy Payment Options

Based on the selection I made in Section B, I would like to make my donation via:

### 1. Personal Check (Single Payment in Full)

If you are making a single full payment, please make checks payable to *Alaska AIDS Vaccine Ride*. Please include participant name and Rider/Crew Number on all checks. Donations are non-refundable.

### 2. Automatic Monthly Debiting from Checking Account

If you wish to have your donation debited automatically each month from your checking account, please read the following very carefully, then complete and sign. Please attach a VOIDED blank check to this form. (Please, no deposit slips.) **NOTE: You may only use this option if your monthly payment will be \$25 or more.**

**IMPORTANT: Your monthly statement(s) will read Alaska AIDS Vaccine Ride.** Please read and complete the following: I (we) hereby authorize the Alaska AIDS Vaccine Ride to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my (our) account, upon processing of the form by the Donation Office. This authority is to remain in full force and effect until my donation is fulfilled or until revoked by me (us) in writing. Payments commence immediately upon processing of this form by the Donation Office. Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. Donating by Credit Card (Please Choose One): Visa MasterCard American Express

.....  
Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**IMPORTANT: Your monthly statement(s) will read Alaska AIDS Vaccine Ride.** Please read and complete the following: Payments commence immediately upon processing of this form by the Donation Office. Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable.

I have read and understand the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Pallotta TeamWorks® | **Impossible** dreams<sup>SM</sup>

The Alaska AIDS Vaccine Ride cannot make any guarantees about what percentage of donations will go back to the cause. This depends entirely on how many riders register and on how much money they raise. The more we raise, the greater the percentage that will remain for research funding. Net proceeds benefit the work of three of the world's leading AIDS research teams, who urgently need our help to get their most critical research off the ground.

\*Alaska AIDS Vaccine Ride, <sup>SM</sup> "Impossible" and "Impossible dreams" are service marks of Pallotta TeamWorks, a California corporation.

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