National AIDS Marathon® Training Program

donor form

If you prefer, you may donate on-line at **aidsmarathon.com** **NEW ORLEANS**

Participant Name **Participant Number –**

Thank you for your contribution in support of the San Francisco AIDS Foundation. Funds raised through the National AIDS Marathon Training Program will support the work of the San Francisco AIDS Foundation as well as Bay Area AIDS Prevention and Care Efforts and Treatment Access in the Developing World. Please be as generous as you can. Contributions are tax-deductible to the full extent allowed by law.

1. DONOR INFORMATION

Name_____

Address_____ Suite/Apt. No. _____

City_____ State _____ Zip Code _____

Home Phone_____ Work Phone _____

Email Address _____

Providing your email address helps to save on postage by allowing us to acknowledge your generous gift electronically.

2. AMOUNT OF YOUR CONTRIBUTION

❑ Number One Fan — $1000 ❑ Teammate — $500 ❑ Supporter — $100

❑ Coach — $750 ❑ Cheerleader — $250 ❑ Other — $_____

3. METHOD OF PAYMENT

CHECKING ACCOUNT *Indicate one-time or monthly payment.*

Select One:

- ❑ **One-time**: Enclosed is my check or money order payable to: **AIDS Marathon—SF** for $ _____
  — OR —
- ❑ **Monthly** (Minimum $25 per month)**:** Please debit my bank account in the amount of $_____ each month for the next _____ months, for a total contribution of $ _____.

All monthly payments must be completed by May 20, 2005 . **Please enclose a voided check and sign below:**

I authorize my bank to transfer the amount shown above from my checking account each month, for the period specified above, directly to San Francisco AIDS Foundation. I understand that a record of each charge will be included in my monthly bank statement and will serve as my receipt. This authority will expire when my contribution has been paid in full or when revoked by me in writing. (Please enclose a voided check.)

Authorized Signature of Account Holder Date

CREDIT CARD *Indicate one-time or monthly charge and complete credit card information.*

Select One:

- ❑ **One-time** : Please charge my credit card for a one-time donation of $ _____
  — OR —
- ❑ **Monthly (**Minimum $25 per month)**:**
  Please charge my credit card in the amount of $_____ each month for the next _____ months,
  for a total contribution of $ _____. *All monthly donations must be completed by May 20, 2005.*

Type of Card: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Exp. Date** (mm/yy) ☐☐/☐☐

Authorized Signature of Card Holder Date

Your statement will read "San Francisco AIDS Foundation."

4. SUBMIT YOUR DONATION

Please send this form along with your payment to:
NATIONAL AIDS MARATHON TRAINING PROGRAM
c/o San Francisco AIDS Foundation, File No. 7409302, P.O. Box 60000, San Francisco, CA 94160-0001

Credit Card donations may be faxed to: **415.487.3069**, Attn: Marathon Pledge Office

National AIDS Marathon Training Program
c/o: San Francisco AIDS Foundation
File No. 7409302, P.O. Box 60000
San Francisco, CA 94160-0001
Phone: 510.451.4800
email: sfinfo@aidsmarathon.com
website: www.aidsmarathon.com

Matching Gifts:
Many companies will match employee contributions. Check with your employer for specific guidelines.

Tax Receipts:
All contributions are tax-deductible. The San Francisco AIDS Foundation will send you a receipt for your donation at the address you provide above.

Please note:
Contributions will be processed immediately upon receipt by the AIDS Marathon office. If injury or other unforeseen circumstances prevent the above named participant from completing the Marathon, your donation will nonetheless benefit the critically important AIDS programs of San Francisco AIDS Foundation. No refunds will be issued.

The National AIDS Marathon is being conducted for charitable purposes by Walk•The•Talk Productions, a Commercial Fundraiser registered with the California Attorney General pursuant to Section 12599 of the Government Code.