



## 2018 Rider Sponsor Form

Yes, I want to help! Please accept my donation of: (circle one)

\$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ OTHER: \_\_\_\_\_

Donations are tax-deductible to the fullest extent allowed by the law.

Name of rider you are sponsoring: \_\_\_\_\_

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment Options:

Personal Check: Please make check payable to

Southern Tier AIDS Program and please indicate the riders' name on the check memo line.

Credit Card: Master Card or Visa

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_ CC Zipcode \_\_\_\_\_

Signature \_\_\_\_\_

Please mail form and include check (if applicable) to: Southern Tier AIDS Program

314 West State St, Ithaca NY 14850