

DONATION FORM

- General Donation Monthly Donation
 Sponsor Rider _____


AIDS RIDE FOR LIFE
~ SATURDAY, SEPTEMBER 11th 2021 ~

DONOR INFORMATION

First Name _____ Last _____

Company Name (Corporate Donation) _____
Mailing Address / Bldg., Apt#, or Unit# _____ City, State Zip _____ Country (if other than U.S.) _____

Phone Number _____ Email _____

Donors will receive a letter of acknowledgement for tax purposes. STAP is a 501c3 organization. Your donation is tax deductible to the fullest extent of the law. **The Federal EIN for the Southern Tier AIDS Program (STAP) is: 16.1290951.**

YOUR DONATION. EVERY DOLLAR MATTERS. THANK YOU!

_____ \$5000	_____ \$2500	_____ \$1000	_____ \$750	_____ \$500
_____ \$250	_____ \$100	_____ \$50	_____ \$25	_____ OTHER \$

_____ I would like to make a monthly donation of \$_____ for _____ months. Total \$_____

PAYMENT OPTIONS

CHECK SINGLE PAYMENT Please make checks payable to Southern Tier AIDS Program

If sponsoring a Rider: include Rider's full name on all checks.

- Mail to: STAP, 314 W. State. St., Ithaca, NY 14850 ATTN: STAP Ride Coordinator

CREDIT CARD Visa MC AmEx Discover

- SINGLE PAYMENT. Please debit a one-time payment of \$_____ from my credit card.

- DIRECT MONTHLY DEDUCTIONS FROM CREDIT CARD. Total contribution of \$_____.
Please debit my credit card \$_____ automatically each month for _____ months.

This authorization expires when my contribution has been paid in full or when revoked by me in writing.

CREDIT CARD NUMBER

_____/_____
EXP. DATE

3 DIGIT CVV CODE

SIGNATURE _____ DATE _____ BILLING ZIP CODE _____

CORPORATE MATCHING Many businesses will match employee charitable donations. Please complete your application through your employer. Matching funds count toward your sponsored Rider's fundraising when received. Mail to: STAP, AIDS Ride for Life, 314 West State, Ithaca NY 14850