



2017 AIDS Ride For Life RIDER SPONSOR DONATION FORM



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

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

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 _____

Signature _____

MAILING ADDRESS: SOUTHERN TIER AIDS PROGRAM
314 W. State St.
Ithaca, NY 14850
FAX: 607-272-0079
PHONE: 607-272-4098