



AIDS ACTION RIDE

3 days * 225 miles

THANK YOU!

Please fill this form out **completely**. Pledges are tax-deductible as deemed by law. EIN: 222-707-246

*Any support you can offer **will** make a difference!*

Please mail this form along with your pledge by July 23, 2003 to:

**AIDS Action Ride
P.O. Box 1599
Boston, MA 02104**

**For more information:
617-450-1100
www.AIDSActionRide.org**

Produced by
and Benefiting:



NOTE: this form may be photocopied or printed and distributed to friends.

2003 SPONSORSHIP FORM

Rider's Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like to show my support by making my commitment of:

- | | | |
|---|--|---|
| <input type="checkbox"/> \$1000
ride in spirit
to save lives! | <input type="checkbox"/> \$250
get up
that hill! | <input type="checkbox"/> \$50
pace
yourself |
| <input type="checkbox"/> \$500
go the
distance! | <input type="checkbox"/> \$100
go for a
century
ride! | <input type="checkbox"/> Other _____ |

My company has a matching gift program

Company Name: _____
(Please attach form and contact info)

Payment Options:

Personal Check – single payment in full

Make checks payable to:
"AIDS Action Ride" or "AAC Ride"

Credit Card – single or monthly payments

Account Number: _____ EXP ___/___

Name as it appears on card: _____

Monthly Payments (minimum \$25/month)

I authorize a charge of \$_____ per Month x _____ months = \$_____

Signature: _____ Date: _____