

PARTICIPANT NUMBER

July 16-19, 2009

# DONATION FORM



JULY 16-19, 2009

**Thank You!** Please fill this form out completely and legibly to prevent processing delays. Sorry, we cannot accept cash donations. Donations are tax-deductible to the fullest extent of the law. Donations are non-refundable.



**NAME OF PARTICIPANT YOU'RE SPONSORING**  
(Please include participant name and number on all checks.)

**Save a stamp and donate quickly online at [www.redribbonride.org](http://www.redribbonride.org)**

**1 Please Print Your Name**  PLEASE DO NOT PLACE ME ON ANY MAILING LISTS.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

BUSINESS NAME (FOR BUSINESS DONATIONS ONLY) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ SUITE/APT NO \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (MANDATORY FOR CREDIT CARD AND DEBIT PAYMENTS) \_\_\_\_\_ EMAIL (WE DO NOT SHARE ANY CONTACT INFORMATION) \_\_\_\_\_

DO NOT DISPLAY DONATION AMOUNT ON PARTICIPANTS PERSONAL WEB PAGE.

**2 I'm Behind You Every Mile!** **\* MATCHING GIFTS** Many companies match employee donations. Check with your employer for specific guidelines.

<b>FULL-FLEDGED PLEDGE</b> ..... \$1500	<b>CHAMPION</b> ..... \$250
<input type="radio"/> PAY IN FULL	<input type="radio"/> PAY IN FULL
<input type="radio"/> 10 MONTHLY PAYMENTS OF \$150	<input type="radio"/> 10 MONTHLY PAYMENTS OF \$25
<b>HERO</b> ..... \$1000	<b>WINNER</b> ..... \$150
<input type="radio"/> PAY IN FULL	<input type="radio"/> PAY IN FULL
<input type="radio"/> 10 MONTHLY PAYMENTS OF \$100	<input type="radio"/> 6 MONTHLY PAYMENTS OF \$25
<b>PASSION</b> ..... \$750	<b>FRIEND</b> ..... \$100
<input type="radio"/> PAY IN FULL	<input type="radio"/> PAY IN FULL
<input type="radio"/> 10 MONTHLY PAYMENTS OF \$75	<input type="radio"/> 4 MONTHLY PAYMENTS OF \$25
<b>DEDICATION</b> ..... \$500	<b>Donor's Choice</b> ..... \$ _____
<input type="radio"/> PAY IN FULL	<input type="radio"/> _____ MONTHLY PAYMENTS OF \$ _____
<input type="radio"/> 10 MONTHLY PAYMENTS OF \$50	

(Monthly payments must be \$25 or higher and cannot be extended beyond 10 mo.)

**3 Easy Payment Options**

Based on the selection I made in Step 2, I would like to pay my donation via:  
(Please choose one form of payment. Credit cards are the only acceptable form of payment for monthly pledge payments.)

**Personal Check** Single Payment in Full - Bank Name: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Please make checks payable to the Red Ribbon Ride. (Please include participant name and number on all checks.)

**Donating by Credit Card** - Circle One:

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER NAME \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

**IMPORTANT:** Your monthly statement(s) will read **Minnesota Fighting AIDS on Bikes**. Payments commence immediately upon processing of this form. Donations are tax-deductible to the fullest extent of the law. Donations are non-refundable.

I have read and understand the above. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**2009 RED RIBBON RIDE**  
DONATIONS BENEFIT: African American AIDS Task Force • The Aliveness Project • Care Housing • Hope House of St. Croix Valley • Minnesota AIDS Project • Park House • Rural AIDS Action Network

PLEASE SEND THIS FORM WITH DONATIONS TO:  
**RED RIBBON RIDE | 4457 THIRD AVENUE SOUTH | MINNEAPOLIS, MN 55419**  
PH: 612-822-2110 | FAX: 612-822-2551 | [www.redribbonride.org](http://www.redribbonride.org)