

Red Ribbon Ride Today's Date: _____
DONATION FORM



PARTICIPANT INFORMATION:

NAME _____ PARTICIPANT NUMBER: _____

You can also make your donation online via our secure website: REDRIBBONRIDE.ORG

YOUR INFORMATION:

FIRST NAME _____ LAST NAME _____

BUSINESS NAME (For business donations only.) _____

EMAIL (Must provide for tax receipt. Email will not be shared.) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Mandatory for credit card payments.) (_____) _____ - _____

DONATIONS: Thank you for your donation. All contributions are non-refundable and non-transferable regardless of participation in Red Ribbon Ride 2018.

\$10,000.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$1000

\$750.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$75

\$150.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$15

\$2,500.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$250

\$500.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$50

OTHER:
 PAY TOTAL OF \$ _____
 PAY _____ MONTHLY PAYMENTS OF

\$1,000.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$100

\$250.00
 PAY IN FULL
 10 MONTHLY PAYMENTS OF \$25

\$ _____ TOTALING \$ _____
* (monthly installments must be at least \$10 and cannot exceed 10 months)

CORPORATE MATCHING Many businesses will match employee donations. If your company will match your gift, please complete your paper or online application through your employer. The street address to mail forms (if required) is below.

PAYMENT OPTIONS:

CHECK

Single Payment Please make checks payable to Red Ribbon Ride and include participant name and number.

Bank Name _____ Check Number _____

CREDIT CARD

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

Direct Monthly Deductions from Credit Card. Please debit my credit card \$ _____ automatically each month for _____ months, for a total contribution of \$ _____. (Monthly payments must be at least \$10, and can't exceed 10 months.)

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

Circle one: Visa MC AmEx Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Signature _____

Donor will receive an email of acknowledgement for tax purposes. Donations are tax deductible. The Federal EIN for Minnesota Fighting AIDS on Bikes is:02-0650275

RETURN COMPLETED FORM TO: Red Ribbon Ride, 122 W Franklin Ave Suite 518, Minneapolis, MN 55404
QUESTIONS? Visit RedRibbonRide.org or call 612.822.2110