



SURF CITY AIDS RIDE 2010

OFFLINE DONATION FORM

Please fill out all the blank spaces and make sure that the participant you are sponsoring is listed correctly to be sure that the money is applied to their fundraising goal.
See www.surfcityAIDSride.org for more information on this event.

Thank you for supporting the 2010 Surf City AIDS Ride!
Your Donation is tax-deductible.

My Pledge is Sponsoring (participant or team name): _____

Your Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Email Address:* _____

Please add me to your mailing list Please add me to your E-mail list

PAYMENT INFORMATION:

Enclosed is my check in the sum of \$ _____

Please make check(s) payable to: **Santa Cruz AIDS Project**

Please charge my donation to:

Check one: Visa Mastercard AMEX Discover

Check *Check number:* _____

Credit Card Account Number: _____

Name (As it appears on credit card): _____

Expiration Date: ____/____

Please Note: The address above must match the address that is associated with your credit card.

Please mail this form and your check(s) to:

Santa Cruz AIDS Project

PO Box 557 Santa Cruz, California 95061

Attention: Surf City AIDS Ride

The Santa Cruz AIDS Project is a 501(c)(3) organization designated by the Internal Revenue Code.

Santa Cruz AIDS Project

313 Front Street, Santa Cruz, California 95060

Phone: (831) 427-3900 • Fax: (831) 427-0398

Santa Cruz AIDS Project
313 Front Street, Santa Cruz, California 95060
Phone: (831) 427-3900 • Fax: (831) 427-0398