

Support me as I participate in the Empire State AIDS Ride 8
New York to Washington, DC/August 16-19, 2010



Participant's name: _____

Yes! I will make a contribution to the Empire State AIDS.

\$3,000 \$340 \$68 \$34 other _____

Please make your checks payable to the "Empire State AIDS Ride."

Name: _____

Address: _____

City: _____ State/Province: _____ ZIP: _____

E-mail: _____ (You must include your e-mail to receive a receipt for tax purposes.)

Bill my credit card now!

VISA MC AMEX DISCOVER

Credit Card number

□□□□ □□□□ □□□□ □□□□ □□ □□

Exp. Date mm/yr

3-digit CVV number on the back of your card: □□□

Signature _____

My company has a matching grant program. (Attach your company's form.)

The Empire State AIDS Ride is a production of Day2 Inc, a 501(c)(3) not-for-profit corporation, tax ID number 83-0340186. Your contribution is tax-deductible to the full extent allowed by law. Thank you for your generous support to our beneficiaries for their research and work to stop the spread of AIDS in New York State. To learn more about the Empire State AIDS Ride and our beneficiaries visit www.empirestateaidsride.org

Please return this form and your check to the ESAR8 Rider/Volunteer you are sponsoring or to the Empire State AIDS Ride, P.O. Box 26, Piermont, NY 10968