

Support me as I participate in the Empire State AIDS Ride
Niagara Falls to NYC/ Aug. 13-19, 2006



Participant's name: _____

Yes! I will make a contribution to the Empire State AIDS Ride to support AIDS Community Services of Western New York, AIDS Community Resources, Inc., AIDS Rochester, and ARCS.

\$3,200 \$1,000 \$560 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

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. Your contribution is tax-deductible to the full extent allowed by law. Thank you for your generous support to our beneficiaries for their 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 ESAR4 Rider/Volunteer you are sponsoring or to the Empire State AIDS Ride, P.O. Box 984, Planetarium Station, New York, NY 10024-0541

