



National AIDS Marathon® Training Program

donor form

In a hurry?
Skip this form. Donate on-line
at aidsmarathon.com.

**National AIDS Marathon
Training Program**

3550 Wilshire Blvd., Ste. 690
Los Angeles, CA 90010

Phone: 213.201.1400

Fax: 213.201.1499

Email:

contactla@aidsmarathon.com

Web site:

www.aidsmarathon.com

A Walk•The•Talk® Production Benefiting



Matching Gifts:

Many companies will match employee contributions. Check with your employer for specific guidelines.

IRS Information:

As per IRS regulations, your cancelled check or credit card statement will serve as your receipt for any donation of less than \$250. For donations of \$250 or more, APLA will send written acknowledgement to the address you provide above, or if sending a check, the address on the check.

Please note:

Contributions will be processed immediately upon receipt by the AIDS Marathon office. If injury or other unforeseen circumstances prevent the above named participant from completing the Marathon, your donation will nonetheless benefit vital services at APLA. No refunds will be issued.

Donor Form for (Participant's Name) PATRICK GARCIA

Thank you for your contribution in support of AIDS Project Los Angeles (APLA), the leading provider of AIDS services in Los Angeles County. Funds raised through the National AIDS Marathon Training Program will allow APLA to provide prevention education, food, professional dental care and other vital AIDS services — to help keep people alive until there's a cure. Please be as generous as you can. Contributions are tax-deductible to the full extent allowed by law.

For quickest processing and to help reduce APLA's costs, please visit aidsmarathon.com (online donors do not need to fill out this form).

1. DONOR INFORMATION

Name _____

Address _____ Suite/Apt. No _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

2. AMOUNT OF YOUR CONTRIBUTION

- Number One Fan — \$1,000
- Teammate — \$500
- Supporter — \$150
- Coach — \$750
- Cheerleader — \$250
- Other — \$_____

3. METHOD OF PAYMENT

CREDIT CARD *Select one*

▶ Visit www.aidsmarathon.com to make an on-line donation — no need to complete this form

— OR —

▶ **One-time:** Please charge my credit card for a one-time donation of \$ _____

— OR —

▶ **Monthly:** Please charge my credit card in the amount of \$ _____ each month for the next _____ months, for a total contribution of \$ _____. *All monthly donations must be completed by October 15, 2009.*

Type of Card: Visa MasterCard American Express Discover

Card No Exp. Date (mm/yy) /

Your statement will read "AIDS Project Los Angeles."

Name as it appears on Credit Card

Authorized Signature of Card Holder

Date

CHECKING ACCOUNT

▶ Enclosed is my check or money order payable to: AIDS Marathon—LA for \$ _____

Do NOT send cash.

4. SUBMIT YOUR DONATION

BY FAX: Credit card donations only. Please fax this form to: 213.201.1499, Attn: Accounting Department

BY MAIL: Please send this form along with your payment to:

NATIONAL AIDS MARATHON TRAINING PROGRAM, 3550 Wilshire Blvd., Ste. 690, Los Angeles, CA 90010

For Office Use Only

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