



National AIDS Marathon  
Training Program  
c/o AIDS Project Los Angeles  
Gift Processing Center

2550 9th Street, #103  
Berkeley, CA 94710

Phone: 213.201.1400  
Fax: 213.201.1499

Email:  
lainfo@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.

For Office Use Only

**LA07A2**

National AIDS Marathon® Training Program

# donor form

**In a hurry?**  
Skip this form. Donate on-line  
at [aidsmarathon.com](http://aidsmarathon.com).

Donor Form for Allegra Willis LA - 5048

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](http://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 — \$100
- Coach — \$750       Cheerleader — \$250       Other — \$ \_\_\_\_\_

## 3. METHOD OF PAYMENT

**CREDIT CARD** *Select one*

Visit [www.aidsmarathon.com](http://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 March 15, 2008.

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,  
c/o APLA Gift Processing Center, 2550 9th Street, #103, Berkeley, CA 94710