



2010 Rider Sponsor form

Yes, I want to help! Please accept my donation of: (circle one)

\$500 \$250 \$100 \$50 \$25 OTHER: _____

Donations are tax-deductible to the fullest extent allowed by the law.

Name of rider you are sponsoring: _____

Your name: _____

Mailing address: _____

Phone: _____ E-mail _____

Payment Options:

___ **Personal Check:** Please make check payable to Southern Tier AIDS Program **and please indicate the riders' name on the check memo line.**

___ **Credit Card:** Master Card or Visa

_____ Exp. _____

Signature _____

Please mail form and include check (if applicable) to:
Southern Tier AIDS Program
501 S. Meadow Street- Suite B
Ithaca NY 14850