



National AIDS Marathon® Training Program

donor form

If you prefer, you may donate on-line at aidsmarathon.com

Runner/ Team Name Kenner Estes **Runner/ Team #** 5027

Thank you for your support of the AIDS Foundation of Chicago (AFC). Money raised through the National AIDS Marathon Training Program will support AFC in its efforts to fund essential services for people living with or at risk for HIV/AIDS across the Chicago metropolitan area. By increasing HIV/AIDS awareness and supporting direct medical care, food, housing, and other vital HIV/AIDS services — the AIDS Foundation of Chicago is preventing new infections while helping to keep people with HIV alive until there's a cure. Please be as generous as you can. Contributions are tax-deductible to the full extent allowed by law.

National AIDS Marathon Training Program

AIDS Marathon — Chicago
1506 Paysphere Circle
Chicago, IL 60674
Phone: 312.765.0210

Email: chicagoinfo@aidsmarathon.com
Web site: www.aidsmarathon.com

A Walk•The•Talk® Production Benefiting

AIDS Foundation OF CHICAGO

Matching Gifts:

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

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 the critically important programs funded by AIDS Foundation of Chicago. No refunds will be issued.

1. DONOR INFORMATION *Please Print*

circle one:
Mr | Mrs | Ms First Name _____ Last Name _____

Address Type: Home Business → *Company Name:* _____

Address _____ Suite/Apt. No _____

City _____ State _____ Zip Code _____

Daytime Phone _____

Email Address _____

2. AMOUNT OF YOUR CONTRIBUTION

Number One Fan — \$1000 Teammate — \$500 Supporter — \$100
 Coach — \$750 Cheerleader — \$250 Other — \$ _____

3. METHOD OF PAYMENT

CHECKING ACCOUNT
 Enclosed is my check or money order payable to: AIDS Marathon—Chicago for \$ _____

CREDIT CARD *Indicate one-time or monthly charge and complete credit card information*

Select one:
 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 \$ _____.

Type of Card: Visa MasterCard American Express Discover

Card No

Exp. Date (mm/yy) /

Name as it appears on Credit Card — Please Print

Authorized Signature of Card Holder

Date

4. SUBMIT YOUR DONATION

Please send this form along with your payment to:
AIDS MARATHON—CHICAGO, 1506 Paysphere Circle, Chicago, IL 60674