

To ensure proper credit, write the participant's name below.

Rider / Crew:

Number:



**braking
AIDS®
ride**

DONATION FORM

You may also donate online at www.brakingaidsride.org

DONOR INFORMATION:

Please print clearly in the spaces below:

First Name _____ M.I. _____ Last Name _____

Business Name (optional) _____

Mailing Address _____ Suite/Apt.# _____

City _____ State _____ Zip _____

Phone (Mandatory for credit card payments) (_____) _____ E-mail address _____

Check here if you do not wish to receive information about Housing Works.

I'M PROUD OF YOU FOR TAKING A STAND. IN HONOR OF YOUR COMMITMENT, HERE IS MINE:

\$1,000 \$750 \$500 \$250 \$150 Other Amount \$ _____

You may make this donation either in one payment or in installments. Details are below.

Check here if your company has a matching gift program. Company name _____

My company processes matching gifts online. Form attached. Contact my company at (_____) _____ to get a form.

PAYMENT OPTIONS *We regret that we are unable to accept cash donations.*

Personal check — single payment. Make your check or money order **payable to Housing Works**, include the participant name and number in the memo section of the check, and staple the check to this form.

Credit card — single payment. VISA MasterCard American Express Discover

Account Number _____ Exp/ Mo/Yr _____

Security Code _____ Signature _____

Credit card — monthly installments. If you would like to have your donation debited automatically each month, complete and sign below.

Please debit my VISA MasterCard American Express Discover in the amount of \$ _____ each month for the next _____ months, for a total contribution of \$ _____. (Monthly payments must be at least \$25 and cannot exceed 10 months.)

Account Number _____ Exp/ Mo/Yr _____

Security Code _____ Signature _____

I authorize my bank to transfer the amount shown above from my credit card each month, for the period specified above, directly to Housing Works, Inc. I understand that a record of each charge will be included in my monthly bank statement and will serve as my receipt. This authority will expire when my contribution has been paid in full or when revoked by me in writing. Donations are non-refundable and non-transferable.

Signature _____ Date _____

Please make your check payable to: **Housing Works**

Send this form with payment to:

Housing Works, Inc.
Attn: Development Department
57 Willoughby Street, 2nd Floor
Brooklyn, NY 11201

Please note the following:

- Your donation is tax-deductible to the fullest extent allowed by law.
- Your donation is non-refundable.
- Housing Works will send a receipt for tax purposes before January 31, 2018 for donations over \$250.
- Your employer may provide its employees with matching gifts or donations. Please check with your employer on its matching gift guidelines.
- Please allow 2-4 weeks for processing.
- If you have questions about this form, please contact Global Impact Productions at 212-989-1111.

All donations processed by Housing Works are non-refundable, even if the rider or crew member you are supporting does not participate in BRAKING AIDS® Ride, and even if the event is rescheduled or cancelled. I also understand that efforts will be made to maximize the funds received by Housing Works; however neither Housing Works, Global Impact Productions, nor any other entity or person makes any guarantee regarding the sum of money or the percentage of gross receipts that Housing Works will receive in connection with BRAKING AIDS® Ride.

Thank you for your support!

BRAKING AIDS® Ride is created and produced by



to benefit

