



## Red Ribbon Ride Contribution Form

AIDS PROJECT OF THE OZARKS

Name \_\_\_\_\_

Phone- home (\_\_\_\_) \_\_\_\_\_ alt.(\_\_\_\_) \_\_\_\_\_

Team Name, if applicable \_\_\_\_\_

Thank you for supporting the AIDS Project of the Ozarks.  
 Please print your information clearly. You may give your pledge immediately. Please make checks payable to APO.  
 Contributions are tax deductible.

### Instructions

1. Please print all information
2. Start signing up sponsors now.
3. Collect your contributions as sponsors sign up to save time. Be sure that sponsors understand their commitment to you and to the AIDS Project of the Ozarks
4. Participants must total contributions and sign the form at the bottom.
5. Turn this in at registration/ check in.
6. Have fun and make a difference!

Official Use Only
Rider No. _____
# of sheets _____
Grand Total _____
Paid on site _____

Sponsors Full Name	Address	City, State Zip	Pledge Options					Total Pledge Due	Amount Received
			\$50	\$25	\$10	\$5	other		
<b>John Sample</b>	<b>100 Any Street</b>	<b>Anytown USA 00000</b>	<b>\$50</b>					<b>\$50</b>	

Total Pledges This Page \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of parent/guardian if under 18

Grand Total, All Pages \_\_\_\_\_