



**Support me as I participate in the 2010 AIDS Vaccine 200.**

**Rider's Name:** \_\_\_\_\_

Yes! I will make a contribution to help Action Cycling Atlanta.

- Grand Champion Patron** (\$1000+) Grand Champion Patron
- Champion Patron** (\$500+) Champion Patron
- Benefactor Patron** (\$350+) Benefactor Patron
- Charter Patron** (\$200+) Charter Patron
- Other (Please specify)** \_\_\_\_\_

Please Make Your Checks Payable to **Action Cycling Atlanta**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Donor Phone \_\_\_\_\_

Email \_\_\_\_\_

Thank You So Much For Your Contribution!

Mail this form and your check to:

**Action Cycling Atlanta**

Attn: Treasurer

PO Box 8363

Atlanta, GA 31106