



**KNOW YOUR GENES, KNOW YOUR ZONE**



## Know Your Genes, Know Your Zone Sponsorship Form

**First & Last Name (Sponsor):** \_\_\_\_\_

**I am sponsoring Team:** \_\_\_\_\_

*(Please list the rider's first and last name. If you are sponsoring more than one rider, list them in the additional space below).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the appropriate box below:**

*\*All charges will be made after the ride on Saturday, March 6<sup>th</sup>.*

- I would like to donate \$ \_\_\_\_\_ per hour that my team cycles.
- I would prefer to simply donate \$ \_\_\_\_\_ to the Genetic Disease Foundation.

**Payment Information:**

- Credit Card
  - Amex       Visa       MasterCard

Name (as it appears on card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- Check *(Please make checks payable to the Genetic Disease Foundation, please note on check "RTZ", and mail to the address below, or bring to Ride The Zone's Upper East Side studio).*

The Genetic Disease Foundation  
1425 Madison Avenue/PO Box 1498  
New York, NY 10029



All proceeds will go directly to the Genetic Disease Foundation a 501(c)(3) corporation. For tax purposes your contribution is tax deductible (ID #13-6151644) to the full amount by law. Thank you for your support!