



MAKE A DIFFERENCE – DONATE TODAY!

Join us in the fight against HIV. Make a tax-deductible gift to San Francisco AIDS Foundation today and your contribution will make a real difference in the life of thousands of clients we serve each year. Because of your support, our free services can continue to support community health and provide hope.

WWW.SFAF.ORG

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ E-mail _____

Country _____

BILLING INFORMATION

(Your billing address must match the address on your credit card statement or your credit card company might decline the transaction.)

My Billing Information is the same as my Personal Information.

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

DONATION AMOUNT (USD): \$2,500 \$1,000 \$250 \$100 \$50 Other _____

MONTHLY (Yes, make this a monthly gift)

CREDIT CARD INFORMATION

Name on Card _____

Credit Card Number _____ Expiration _____ / _____

Card Type: VISA MasterCard AMEX DISCOVER

Signature _____ Date _____

CHECK ENCLOSED (Please make payable to *San Francisco AIDS Foundation*)

DESIGNATE YOUR DONATION

In Honor of _____ In Memory of _____

Yes, send me information about Planned Giving

Please return your completed form to:

San Francisco AIDS Foundation
Attn: Donor Services
1035 Market Street, Suite 400
San Francisco, CA 94103