



DONATION FORM

YOUR INFORMATION:

Name: _____

Spouse: _____

Email: _____

Address: _____

City / State / Zip: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Note: All personal information is held in confidence and is never shared with other organizations.

Your Commitment:

Yes! I pledge my support in the search for a cure!

ANNUAL PLEDGE:	\$ _____ .00
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I/we will support your research with a **tax-deductible** gift of \$ _____ in 2010.

My employer will match my gift. I will file the necessary paperwork.

Employer Name: _____

Please help me to determine if my employer matches charitable gifts.

I/we will send a gift of stock. Please contact me with stock transfer information.

Your PLEDGE PAYMENT:

I'm enclosing a check payable to **AIDS Research Alliance**.

Please bill my credit card for a one-time gift of \$ _____.

Amex VISA MasterCard

Card Number: _____ Exp. Date: _____

Signature: _____

Please enroll me in your **Monthly** or **Quarterly Giving Club** and charge the card above.

Monthly gift of: \$20 \$30 \$50 \$75 \$100 \$ _____

Quarterly Gift of \$ _____ (March, June, September and December)

I would like to make this gift In Honor Of In Memory Of: _____

Please send an acknowledgment to: _____

I will fulfill my pledge as follows: _____

Send this form with your check or credit card information to: ARA, 1400 South Grand Avenue, Suite 701, Los Angeles, CA 90010.