



A FORCE FOR CHANGE SINCE 1985

Join the Friends of the Foundation and Sustain the Fight Against AIDS!

You can share in our commitment to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic. When you participate, your gift will be transferred conveniently each month from your checking account or credit card directly to The AIDS Foundation of Chicago.

Your gift will go even further to support critical prevention and care programs because it helps provide a reliable and steady source of income. In addition, our paperwork and administrative expenses are reduced, and as a result, we can put more of your gift to work immediately to help those with HIV/AIDS.

A record of each gift will appear on your monthly bank statement. You may increase, decrease or suspend your gift at any time by contacting us at 312/922-2322. All gifts provided to The AIDS Foundation of Chicago originating as ACH transactions comply with U.S. law.

Here's how to join:

- 1. Fill out the form below; indicating the amount you want to contribute each month from your account.
2. Be sure to sign your name and indicate the date.
3. Detach and return the completed form below with a check for your first month's gift or your credit card information to the AIDS Foundation of Chicago, 200 W Jackson Blvd, #2200, Chicago, IL 60606. Your gift will begin transferring in about four weeks.

Record your monthly gift amount here and keep for your records: \$ _____

YES! I'd like to Join the Friends of the Foundation and Sustain the Fight Against AIDS with a monthly gift of \$ _____

Name: _____
Address: _____
City State: Zip: _____
Telephone: Email: _____
Signature: Date: _____
For Office Use Only: _____

[] Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

[] Here is my credit card information. Please charge my monthly gifts to my credit card. I understand my future gifts will be charged directly to my credit card.

Card #: _____
Expiration Date: Card Type: _____