



DONATION FORM

Please enclose a check payable to AIDS Foundation Chicago or provide credit card information below.

I authorize AFC to charge my Visa MasterCard AmEx Discover

Name as it appears on credit card _____

Card Number _____ Security Code _____ Exp. Date ____ / ____

I prefer to pay in monthly installments, and I authorize AFC to charge my card listed above for \$ ____ each month for the next ____ months.

Name(s) as you wish to be listed for recognition purposes:

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

By providing my email address, I agree that AFC may contact me electronically.

I prefer to donate anonymously. Please do not include me in your donor listing.

Signature _____ Date _____

Payments are deductible as charitable contributions for federal income tax purposes as provided by law. AIDS Foundation Chicago is a 501(c)(3) organization.

*A letter will be mailed to you noting the tax deductible amount of your donation.

My employer and/or spouse will match this gift. (Please enclose matching form.)