National AIDS Housing Coalition Donation Form

Personal Information

Name ____________________________________________________________
Address _____________________________________________________________________________
City, State, ZIP _____________________________________________________________________________

Amount of Donation

☐ $5,000       ☐ $500       ☐ Other __________
☐ $2,500       ☐ $100       ☐
☐ $1,000       ☐ $50

Honor/Memorial Gift

I would like to make a gift in honor or memory of someone special.

Please select designation:  ☐ In honor of  ☐ In memory of

Name ____________________________________________________________

Please send notification of my contribution to: (gift amount is confidential and will not be mentioned)

Name ____________________________________________________________
Address _____________________________________________________________________________
City, State, ZIP _____________________________________________________________________________
Special Instructions ____________________________________________________________

Method of Payment

☐ I have enclosed my check and made payable to The National AIDS Housing Coalition.

☐ Please charge my credit card:

☐ Visa  ☐ MC  ☐ Amex  ☐ Discover

#_________________ Exp. ________________ CVV____________

☐ Please accept my (please circle one):  one time  monthly  quarterly  annual

Pledge of $_________________________ to be paid by ____________________________

Special Instructions ____________________________________________________________

Signature ____________________________________________________________

Thank you!

1000 Vermont Ave NW, 5th Floor, Washington, DC 20005 | T: 205-939-0411 | nationalaidshousing.org