



## 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!**