

HIV/AIDS

Resource
Center

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**“HIV/AIDS
Resource Center is
dedicated to
providing HIV
related services to
our community
through
compassionate direct**

Donation Form

Today's Date: ____/____/____

Name: _____

Address: _____
(Street Address) (Apt. Number)

(City) (State) (Zip)

Phone: _____ Email: _____

Please Add my name to the HARC Mailing list

Check \$ _____

Credit Card \$ _____

_____ - _____ - _____

Exp. Date: _____

Visa

Master Card

American Express

What Program would you like your donation to be applied to?

- Direct Care
- Education
- Prevention / Outreach
- Wherever the donation is needed most

Signature: _____ Date: _____

Thank you for your donation! You will receive a letter in the mail acknowledging your donation, which can be used for tax purposes. If you do not include a name and address, we cannot mail this letter to you. If this is the case, we wish to thank you in advance for your donation and support.