

Donation Form



Black Coalition on AIDS/Rafiki Wellness

BCA is dedicated to reducing health disparities in the Black community, particularly the spread of HIV/AIDS.

Donor Information (please print)

Name	
Address	
City	
State	
ZIP Code	
Telephone	
E-Mail	

Donation Information

Enclosed is my tax-deductible donation to support the efforts of the Black Coalition on AIDS to build a healthy Black community.

Enclosed is my check, payable to the Black Coalition on AIDS, in the amount of:

\$50 \$100 \$500
 \$75 \$250 Other \$_____

Please mail checks payable to:

Director of Development and Communications
Black Coalition on AIDS
2800 Third Street
San Francisco, CA 94107

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our donation remain anonymous.

Correspondence

I (we) wish to be included in BCA mailings. ***Please note:** you can request to be taken off the mailing list at any time.

Did you know you can make a secure, online donation? Please visit www.bcoa.org today!

Confidentiality is guaranteed! BCA does not share your personal information.