

PLEASE COMPLETE THIS FORM AND MAIL YOUR DONATION TO:

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

___ Yes! Enclosed is my tax deductible gift to support the efforts of the Black Coalition on AIDS to Build a Healthy Black Community

___ Enclosed is my check to the order of Black Coalition on AIDS for

- ___ \$50
- ___ \$100
- ___ \$25
- ___ \$75
- ___ \$250
- ___ \$500
- ___ Other ___ \$ _____

___ Visa ___ Mastercard _____ Card # _____

Expiration Date ____/____/____

Amount to be Charged to your Credit Card: _____

Name: _____
(as it appears on card if donating using your credit card).

Address: _____

Telephone Number: _____

Email address: _____