

PLEASE COMPLETE THIS FORM AND MAIL YOUR DONATION TO:

**ATTN: Financial Department
African American AIDS Task Force
310 East 38th Street, Suite 209
Minneapolis, Minnesota 55409**

Yes! Enclosed is my tax deductible gift to support the efforts of the African American AIDS Task Force

Enclosed is my check paid to the order of African American AIDS Task Force for:

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

Check: ___ Money Order: ___

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: _____

**THANK YOU FOR YOUR DONATION TO SUPPORT THE EFFORTS OF THE
AFRICAN AMERICAN AIDS TASK FORCE**