



AIDS Housing Alliance Donation Form

Please print and complete this form and mail to:

AIDS Housing Alliance
PO Box 161908
Sacramento, CA 95816

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

When acknowledging this gift, please list name as: _____

I / we would love to contribute to AHA in the amount of:
 \$2500 \$1000 \$500 \$250 \$100 \$50 \$25 Other _____

I / we pledge \$ _____ and I / we enclose \$ _____ with the balance to be paid over the next year. Please invoice me beginning on _____ and quarterly thereafter.

I / we want to use my employer's Matching Gift Program: _____
(Please include Matching Gift Form)

This gift is made in honor of / the memory of: _____

PAYMENT INFORMATION

My / our check is enclosed, made payable to AIDS Housing Alliance.

Please charge this gift to: VISA MasterCard Amex
Acct #: _____ Exp: _____

Name on card: _____

Signature: _____

Please send additional information about: Bequests Monthly Giving

AIDS Housing Alliance is a 501(c)(3) nonprofit organization. Donations to AHA are tax deductible as allowed by law.

Thank you for your generous support!