



AIDS EMERGENCY FUND – Gift / Pledge Card

*AEF • 965 Mission St, Suite 630 • San Francisco, CA 94103
(415) 558-6999 Ext. 3*

Count on me to support the AIDS Emergency Fund with a gift of:

- ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other\$ _____
☐ Check enclosed, payable to the **AIDS Emergency Fund**

☐ Please charge my credit card: ☐ VISA ☐ Master Card

WEB

☐ Monthly Pledge of \$ _____ ☐ One Payment of \$ _____

Credit Card #: _____ Expiration _____

Signature: _____

Print Name: _____

Address: _____

City/State: _____ Zip: _____

Email Address: _____

Daytime Phone: _____ Evening: _____

Please make my gift in

☐ Honor of / ☐ Memory of _____