

**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**