BEYOND AIDS FOUNDATION SUPPORTER AND DONATION FORM

Name:	Title/Degree:		Date:
Street:	Apt. or Suite #:		
City:	State/Country:	:	Zip Code:
Please indicate whether this preferred address is	Residence	Work	
E-mail (important for communication):			
Telephone: Work: ()	Residence: ()	
Mobile: ()	Fax: ()		
Work title/profession and employer:			
Academic or organizational affiliations:			
I wish to make a tax-deductible contribution AIDS Foundation of \$			
Suggested minimal donations: \$50 re	egular 🗌 \$25 stuc	lent S75 for two	o in same household
Areas of special interest:			
Scientific IssuesCommunicationsSecretarialOther (describe):	Public Policy and I Organization/Bylav Web Site Assistance	ws ce	
Payment Method:			
Checks: Make out to "Beyond AIDS Four	ndation" (Money o	orders: same instruction	ons as for checks)
Cash (applicable only when paying at a B	seyond AIDS meetin	ng or directly to an of	ficer)

Please enclose this form with your checks and mail to Beyond AIDS Foundation, California Office, 1275 W. Park Ave. #7718, Redlands, CA 92373.

THANK YOU!

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