BEYOND AIDS FOUNDATION SUPPORTER AND DONATION FORM

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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 for education and research activities to the **Beyond AIDS Foundation** of $_____. (Tax-deductible 501(c)3; EIN #54-2017450)

Suggested minimal donations: ☐ $50 regular ☐ $25 student ☐ $75 for two in same household

☐ Areas of special interest:

- ☐ Scientific Issues
- ☐ Public Policy and Legislation
- ☐ Communications
- ☐ Organization/Bylaws
- ☐ Secretarial
- ☐ Web Site Assistance
- ☐ Other (describe):_____

Payment Method:

☐ Checks: Make out to "Beyond AIDS Foundation" (Money orders: same instructions as for checks)

☐ Cash (applicable only when paying at a Beyond AIDS meeting or directly to an officer)

Please enclose this form with your checks and mail to Beyond AIDS, Inland Regional Office, 404 New York St. #7718, Redlands, CA 92373.

THANK YOU!

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