

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 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:

- | | |
|--|--|
| <input type="checkbox"/> Scientific Issues | <input type="checkbox"/> Public Policy and Legislation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Organization/Bylaws |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Web Site Assistance |
| <input type="checkbox"/> 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, 1275 W. Park Ave. #7718, Redlands, CA 92373.

THANK YOU!