

Your Gift Makes a Difference

Thank you for your tax-deductible donation to Columbus AIDS Task Force.

Please print and complete the following form and return it with your gift to:

**Director of Advancement
Columbus AIDS Task Force
1751 East Long Street
Columbus, OH 43203**

Name: _____

Address: _____

City, ST ZIP: _____

Phone Number: _____ Email: _____

Donation Amount:

- \$500 \$400 \$250 \$125 \$100 \$50 \$25
 Other: _____

Payment Method:

- Check Enclosed (Payable to Columbus AIDS Task Force)
 Credit Card
 American Express Discover MasterCard Visa

Credit card number: _____

Signature _____ Expiration date: _____

Donation Recurrence:

- Monthly Quarterly One Time
 o Date: _____ o Date: _____

Matching Gift:

- Please check box, and indicate if your company offers a matching gift program.

Please indicate if this gift is:

- In Memorial of: _____
 In Honor of: _____
 I prefer that recognition of this gift remain anonymous.

Other Giving Information

- I am interested in learning more about planned giving programs.
 I am interested in volunteering with Columbus AIDS Task Force.

Thank you.

Columbus AIDS Task Force is a registered 501c(3). Gifts are tax deductible to the extent allowed by law.

1751 East Long Street • Columbus, Ohio 43203
Phone: 614-340-6753 • Fax: 614-291-7162

Columbus AIDS Task Force – Donation Pledge Form