

# Your Gift Makes a Difference

Thank you for giving to the **Columbus AIDS Task Force**. Your tax-deductible contribution helps CATF fulfill its mission of assisting those living with HIV/AIDS and those who care for them.

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

**Director of Institutional Giving  
Columbus AIDS Task Force  
1751 E. Long Street  
Columbus, OH 43203**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

I want my gift designated as:

- A general gift
- A gift to the Hopefund

**PAYMENT TYPE:**

Check Enclosed (Payable to **Columbus AIDS Task Force**)

Mastercard       Visa       Discover       American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please charge my credit card for the full amount of \$ \_\_\_\_\_.

Please charge my credit card ( ) monthly ( ) quarterly for \$ \_\_\_\_\_ per payment

for a year's total of \$ \_\_\_\_\_.

Employer Matching Funds from \_\_\_\_\_

**ADDITIONAL INFORMATION:**

My Gift is in Memory of \_\_\_\_\_

Name as you wish it to appear in **CATF** recognition lists:

\_\_\_\_\_

I prefer that the recognition of this gift remain anonymous.

**OTHER GIVING INFORMATION:**

I have provided for the **Columbus AIDS Task Force** in my estate plans.

I am interested in learning more about planned giving programs.

I am interested in volunteering with the **Columbus AIDS Task Force**.