



## Credit Card Donation Form

**Please circle one:**    **Visa**      **Mastercard**

**Amount being pledged**

**Name as it appears on card**

**Card number**

**Card expiration**

**Billing address**

**Signature**\_\_\_\_\_

**Date** \_\_\_\_\_

AIDS Emergency Fund is a 501(c)3 nonprofit corporation. All donations are tax-deductible to the extent allowed by law. Please consult a tax professional.