

Help NO/AIDS continue to provide vital services and care to those affected by HIV/AIDS throughout the Greater New Orleans area.

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> \$10,000                  | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$5,000                   | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$2,500                   | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$1,000                   | <input type="checkbox"/> \$50  |
| <input type="checkbox"/> or other amount: \$ _____ |                                |

I would like to make a  monthly  quarterly  semi annual pledge of \$ \_\_\_\_\_ toward that amount.

I would like to donate by:  Check  Credit Card

Please make check payable to NO/AIDS Task Force.

Donations can also be made online at [www.noaidstaskforce.org](http://www.noaidstaskforce.org).

Please charge my  Visa  Mastercard  American Express  Discover

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to be added to the NO/AIDS email list.

Signature \_\_\_\_\_

I would like more information on including NO/AIDS Task Force in my will.

Please accept the enclosed donation

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Please send acknowledgement of this donation to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail this form with donation to:**

**NO/AIDS Task Force  
2601 Tulane Ave., 5<sup>th</sup> Floor  
New Orleans, LA 70119**

**[www.noaidstaskforce.org](http://www.noaidstaskforce.org) 504-821-2601, ext. 216**

Donations to NO/AIDS Task Force are tax deductible within limits of the law.