

Yes, I want to help save lives!

with a gift of \$25 \$35 \$50 \$100 Other _____

My employer matches my charitable gifts. The form is enclosed.

Please see the back of this form for the convenient Monthly Giving Plan.

Enclosed is my check made payable to **AIDS Community Services of Western New York** or

Please charge my credit card:

Visa MasterCard

Card #: _____

Exp. Date: _____

Signed: _____

front



Window

Authorization:

I authorize the AIDS Community Services to automatically make deductions from my credit card as indicated:

Deductions to be made at:

Beginning of each month

Middle of each month

Please charge my card with a monthly deduction

of: \$10 \$15 \$20 \$

Please start deductions on: _____ / _____
Month Year

Monthly Giving Plan

An easy way to support the work of AIDS Community Services.

Simply pre-authorize us to charge a set amount to your credit card each month.

You'll receive a single tax receipt at the end of the year - and may, of course, change or terminate this agreement at any time.

Guarantee: You can change or cancel your pre-authorized monthly donation at any time by calling **1-716-847-0340**.

To finalize your pre-authorization please complete the credit card information below:

Card Preference: Visa MasterCard

Card No: _____

Exp. Date: _____

(One month prior to the expiration date shown on your credit card we will contact you for the new expiration date.)

Signature _____

Telephone # (_____) _____

back

Please send me information about including AIDS Community Services of Western New York in my will.

Please send me information about AIDS Community Services of Western New York programs.

Contributions are tax deductible to the fullest extent of the law. Your gift to AIDS Community Services of Western New York remains in Western New York and helps us create a healthier community. Copies of our annual report may be obtained from us or from the Office of Charities Registration, Albany, New York, 12231.