



LIFE CONTINUES. LIVE HEALTHY.

Name: _____ I prefer my gift remain anonymous.
(Please print name(s) as you wish to be acknowledged.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In Memory Of: _____ In Honor Of: _____

Please Notify: _____ Address: _____

My employer will match my gift! (Matching gift form enclosed.)

Please contact me regarding a planned gift to Unified - HIV Health and Beyond.

Unified - HIV Health and Beyond is a 501(c)(3) non-profit organization.
All gifts are tax deductible to the extent allowed by law.

I'M PROUD TO SUPPORT UNIFIED - HIV HEALTH AND BEYOND WITH MY TAX-DEDUCTIBLE GIFT OF:

- \$1000 \$50
 \$500 \$25
 \$250 Monthly gift of _____ via credit card.
 \$100 Other \$: _____

Check enclosed payable to Unified - HIV Health and Beyond.

Please charge my: VISA MasterCard American Express Discover

Account #: _____ Exp. Date: _____

Signature: _____

Donate safely online at www.miunified.org