



DONOR & VOLUNTEER FORM

We need your help to support the year-round services we offer for people living with HIV/AIDS!

Your care and commitment will help make this year better for those who are in need!

ONE-TIME GIFT:

Enclosed is a check for \$_____ - OR - Charge \$_____ to my credit card.

Please use this gift for:

Food Shelf Meal Program Complementary Care Program Other: _____

MONTHLY PLEDGE - *Friends of Aliveness**:

I want to pledge a monthly donation of \$_____:



- I will mail in my monthly donation.
- Please make a monthly charge to my credit card.

For all credit card donations, please complete the following information: Visa MasterCard

Credit card number: _____ Expiration date: _____

Name(s) on credit card: _____ Your signature: _____

** Friends of Aliveness is a special donor program that allows people like you to provide ongoing support for The Aliveness Project and our members throughout the year.*

Name(s):		
Address:		
City, Zip:		
Telephone:	()	E-mail:

Name(s) to appear on recognition materials: _____

This gift is in Honor (or) Memory of: _____.

Please contact me about volunteering to help with:

- Preparing & serving meals
- Assisting with the food shelf (filling & distributing bags)
- Organizing a food drive (for nonperishable food or hygiene items)
- Data entry / office work
- Housekeeping
- Front desk / receptionist
- Newsletter assembly
- Other: _____

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