Cycle to Zero Donation form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of $ _____

I would like my donation applied toward:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Please make checks, corporate matches, and other donations payable to:

San Francisco AIDS Foundation

Attn: Donor Services

940 Howard St, San Francisco, CA 94103

Gift will be matched by: _____

Organization Name _____

San Francisco AIDS Foundation *is a charitable 501(c)(3) non-profit organization, Federal tax ID # 94-2927405. Please consult a tax professional if you have specific questions about charitable deductions.*

Cycle to Zero Donation form

_____

_____

☐ Please keep my donation confidential

San Francisco AIDS Foundation *is a charitable 501(c)(3) non-profit organization, Federal tax ID # 94-2927405. Please consult a tax professional if you have specific questions about charitable deductions.*