

Yes, I want to support AIDS Thunder Bay

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Hm) _____ (Wk) _____

Email address: _____

Name as you would like it to appear on the donor listing:

_____ Anonymous

I would like to make a donation of

\$10.00 \$25.00 \$50.00 Other \$ _____

In memory of _____

Please make your cheque payable to:

AIDS Thunder Bay P.O. Box 24025 Thunder Bay ON P7A 8A9
Phone: 345-1516 Fax: 345-2505 Website <http://www.aidsthunderbay.org>



Charitable Registration
106689847 RR0001

When calling, do you prefer we use discretion? Yes No

Would you like to receive information by email? Yes No

This information may be used in future to contact you about fundraising & special events. Please note, AIDS Thunder Bay does not exchange mailing lists. All lists are confidential.

If you DO NOT want to receive information please check this box.