

# Making Donations to The North Central District AIDS Coalition

*Please fill out form and send along with your payment.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Gift Amount:** \_\_\_\_\_

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◆ Check Enclosed

◆ Cash Enclosed

Is This a Memorial Gift or Tribute Gift?

I am making this gift: ◆ in memory of ◆ in honor of

Name: \_\_\_\_\_

Occasion: \_\_\_\_\_

Mail to: North Central District AIDS Coalition

P.O. Box 658

Lock Haven, PA 17745



North Central District  
**AIDS Coalition**