

Yes!
I want to
send LGBTQ
youth a
message:
You matter!

Please make
gifts payable to

Southern Arizona
AIDS Foundation (SAAF)
375 South Euclid Avenue
Tucson, Arizona 85719



Capital Gift Information:

I pledge, promise and agree to make a gift of \$ _____
to the Center on Fourth Campaign.

- One-Time Gift to be paid by _____ / _____ / _____ (DATE)
- Gift to be paid in installments: \$ _____ (AMOUNT) every:
 - Month for _____ Months
 - Quarter for _____ Quarters
 - Year for _____ Years
- I am interested in making a gift to the campaign in my will or estate plan.
Please contact me.

Annual Gift Information:

I/we would like to make an additional contribution to support
youth services at SAAF.

- One-Time Gift to be paid by _____ / _____ / _____ (DATE)
- Gift to be paid in installments: \$ _____ (AMOUNT) every:
 - Month for _____ Months
 - Quarter for _____ Quarters
 - Year for _____ Years

Please reserve the following dedication and naming opportunity for me:

- I am interested in making a gift to the campaign in my will or estate plan.
Please contact me.

Your Information:

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

You will receive a payment reminder prior to the due date and a payment receipt when gift has been received and processed.

I/we plan to make this gift in the form of:

- Cash Check Credit Card Stock Other
- Credit Card Type: Visa MC AMEX Discover

Credit Card # _____

Expiration Date _____ 3-Digit VIN # (on back of card) _____

Signature _____ Date _____

Acknowledgement Information:

- Please acknowledge me (us) in all
recognition materials as:

- This gift is in honor of:

- I/we wish to have our gift remain
anonymous