

On Line Donation Form:

The Wisconsin AIDS Fund uses donated funds to prevent the transmission of HIV. The funds are distributed professionally and advised by a group of prevention specialists.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **E-MAIL** _____

Please Charge my: Visa Mastercard

Card# _____ Expires: _____

Signature: _____

My Check made out to the Wisconsin AIDS Fund is enclosed.

My gift is in Tribute to Memory of:

Please send acknowledgement to:

Name: _____

Address: _____

Please print and mail this form with your contribution to:

The Wisconsin AIDS Fund is a fund within the Greater Milwaukee Foundation.

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