



## Donation Form

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**YES! I want to invest in the work of HIV Edmonton.**

If you are able to invest in the work of HIV Edmonton, please print off and complete this form, and return it to our office at:

**Suite 300, 11456 Jasper Avenue  
Edmonton, AB.  
T5K 0M1**

*You can also fax the form to 780-488-3735.*

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

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

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

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I would like an HIV Edmonton membership for \$25.

I would like to make a donation and have enclosed a cheque for \$\_\_\_\_\_

Please put a donation of \$\_\_\_\_\_ on my: MasterCard VISA American Express

Please put a monthly donation of \$\_\_\_\_\_ to be taken out on the \_\_\_\_\_ day of each month on my: MasterCard VISA American Express

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like more information on volunteering for HIV Edmonton as well as upcoming special events.

Please send me a receipt for the above donation

***Thank you for being "Part of the Remedy"!  
Thank you for your support!***