

I wish to donate to Strongest Link AIDS Services Inc.:

- \$1000.00 \$750.00 \$500.00 \$250.00 \$100.00
 \$75.00 \$50.00 \$25.00
 Other \$ _____

Name (please print): _____

Address: _____

Phone: _____ Email: _____

I would like to direct my gift to one or more of the following programming areas:

- \$ _____ **Cornerstone Wellness Center** including acupuncture treatment, massage, food and peer support
- \$ _____ **Case Management & Advocacy Services** connecting clients to necessary services.
- \$ _____ **Client Emergency Services** including Utility, Transportation, Rental and Grocery Assistance
- \$ _____ **Peer Support** including Groups, One-on-One Counseling and Educational Programs
- \$ _____ **Unrestricted** to used at Strongest Link's discretion

Your financial support is greatly appreciated.

- Enclosed is my check payable to Strongest Link AIDS Services (SLAS)

I authorize \$ _____ to be charged to my credit card.

Signature: _____

- Visa MasterCard

Credit card number: _____ Exp. _____

Name on card: _____ VCode _____

Billing address: (if different than above):

