

100 WOMEN

Yes, I'm ready to **make a difference** in the lives of **Women and Children!**

Please tell us about yourself

Your Name

Second Name

Address

City ST ZIP

Daytime Phone Evening Phone

Email @

How would you prefer to be contacted?

Telephone Email Letter

Your Pledge – Please select a Giving Level:

Platinum (\$25,000 and above)

I would like to make a one-time donation of \$

Gold (\$12,000 - \$24,999)

Sterling (\$6,000 - \$11,999)

Silver (\$3,000 - \$5,999)

Bronze (\$1,500 - \$2,999)

Federal income tax law requires that we inform you of the non-deductible portion of your contribution, which is the fair market value of any goods or services you receive from Desert AIDS Project. These amounts are listed in the accompanying brochure, which describes the benefits of the *100 WOMEN* Program.

Pledge Amount: \$

I've enclosed a check for the total amount of \$

or will pay \$ Monthly \$ Quarterly \$ Annually Please send me a payment reminder.

Please charge my credit card:

\$ Annually \$ Quarterly 10 Payments of \$ or \$ Monthly

MasterCard Visa American Express Discover

Account No. Expiration Date

Signature Date

Your **100 WOMEN** Benefits

I would like to receive my **100 WOMEN** premiums as described in the **100 WOMEN** brochure.

I want my contribution to be completely tax-deductible, and choose to waive my premiums. I understand that my name will still be listed on the **100 WOMEN** list and I will receive those premiums that have no tax consequences.