



# MEMBERSHIP FORM



I am proud to join  **PARTNERS FOR LIFE**  **100 WOMEN**

**YOUR INFORMATION** Name(s) to appear in listing as (*if more than one, please list in your preferred order*):

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Your First Name

Your Last Name

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Additional Name

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Billing Address

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City

State

Zip

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Telephone

E-mail

Please contact me by (*choose one*):  Telephone  E-mail  Letter

## YOUR BENEFITS

- I would like to receive my premiums as described in the Partners for Life and 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 Partners for Life and 100 Women list and I will receive those premiums that have no tax consequences.*

**YOUR SUPPORT** Please check a level of support:

- PLATINUM (\$25,000 and above)
- GOLD (\$12,000 - \$24,999)
- STERLING (\$6,000 - \$11,999)
- SILVER (\$3,000 - \$5,999)
- BRONZE (\$1,500 - \$2,999)

**Pledge Amount** \$ \_\_\_\_\_

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

**YOUR PAYMENT** Please select your payment type and schedule:

- I will pay: \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Monthly
- I wish to pay by check (*Payable to DESERT AIDS PROJECT*)     I wish to pay by credit card
- AMEX     DISCOVER     MASTERCARD     VISA

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Credit Card Number

Expiration Date

CVV Code

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Signature

*If you choose to pay in monthly or quarterly installments via credit card, your commitment will auto-renew every 12 months until you notify us to change it.*

**PLEASE SEND TO**

Please mail this response card with your check or payment information to:

PFL/OHW

Desert AIDS Project

1695 North Sunrise Way

Palm Springs, CA 92262