

**Douglas County AIDS Project
Donation Form**

Thank you for supporting the Douglas County AIDS Project.

Donor Level:	Amt:
<input type="checkbox"/> Red Ribbon Donor (\$500 or more)	_____
<input type="checkbox"/> Ruby Level Donor (\$250-\$499)	_____
<input type="checkbox"/> Crimson Level Donor (\$100-\$249)	_____
<input type="checkbox"/> Donor (\$30-\$99)	_____
<input type="checkbox"/> Student (\$15)	_____

Other:

I'd like to made a donation to the
Michael Slotsky Emergency Relief fund_____

Total Donation amount: \$_____

Name(s)_____

Address_____

City_____

State/Zip_____

Email_____

Phone_____

I wish my donation to be anonymous

Please make my donation in honor/ memory

of:_____

Payment Options:

Check Visa MasterCard

Card Number_____

Expiration Date_____

CCV2# (on back) _____

Name on Card_____

Signature _____

Please send completed forms to:

Douglas County AIDS Project
2518 Ridge Ct. #101
Lawrence, KS 66046