

Douglas County AIDS Project Membership Form

Name: _____

Address: _____

City, State, ZIP Code: _____

	Amount Enclosed	
<input type="checkbox"/> Member	\$30-99	_____
<input type="checkbox"/> Angel	\$100-249	_____
<input type="checkbox"/> High Flyer	\$250-499	_____
<input type="checkbox"/> Archangel	\$500 or more	_____
<input type="checkbox"/> Michael Slotsky Emergency Relief Fund DCAP Clients.		_____
Total Donation		_____

Payment Options:

Check

Master Card

Visa

Card Number: _____

Expiration Date: _____

Signature: _____

Please check here if you wish your gift to be anonymous.

Please send completed form to:

DCAP

2518 Ridge Court, Suite #101

Lawrence, KS 66046

Thank you for your generous donation to Douglas County AIDS Project.

Your donations ensure that we will continue to be able to pursue our mission in the Lawrence/Douglas County, Franklin and Jefferson County communities. We sincerely appreciate our continued support of our agency. DCAP is a 510(c)3 organization.