



DONATION FORM

YES! I want to make a difference.

I want to donate to: (select one)

~Visit www.onedayforaids.com for directions on how to donate online

Donate ONE DAY (\$30) or however many days you want to give (multiply by \$30)

The Canadian Red Cross Society



\$ _____

Please mail / call in donation to:
Canadian Red Cross
RE: HIV/AIDS in Southern Africa
300 - 170 Metcalfe St
Ottawa, ON K2P 2P2
Ph: 1-800-418-1111
Please reference: HIV/AIDS in Southern Africa appeal

Mennonite Central Committee



\$ _____

Please mail / call in donation to:
Mennonite Central Committee
Box 2038
Abbotsford, BC V2T 3T8
Ph: 1-604-850-6639
Toll free: 1-888-622-6337
Please reference: One Day For AIDS

Dr Peter AIDS Foundation



\$ _____

Please mail / call in donation to:
Dr Peter AIDS Foundation
1110 Comox St
Vancouver, BC V6E 1K5
Ph: 604-608-1874
Please reference: One Day For AIDS

Personal Donation Corporate Donation Tax receipt required (minimum \$10 donation)

Title: _____ Name: _____

Company (if applicable): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Day Phone: (_____) _____ Email: _____

Cheque enclosed. Please make cheque payable to ORGANIZATION'S NAME and write "One Day For AIDS" in the memo line.

Credit Card Donation:

VISA MasterCard

----- Expiration Date ____/____

Name on Card: _____ Signature: _____

THANK YOU FOR YOUR SUPPORT