

If you would like to make a donation now to the 2011 Indiana AIDS Walk, please use this form.

INDIANA AIDS Walk 2011 Credit Card Donation Form

Credit Card # _____

Discover MasterCard Visa

Expiration Date: _____

Donation : \$ _____

Signature

Donor Name: _____

Address: _____

Telephone: _____

Email: _____

Participant Name: _____

Indiana AIDS Fund
429 E. Vermont Street, Suite 300
Indianapolis, IN 46202

INDIANA AIDS WALK 2011/ Receipt of Donation

Name of Donor: _____

We hereby acknowledge your generous contribution of \$ _____ on _____ (date) in support of the Greg Powers/Direct Emergency Financial Assistance Fund. Your generosity allows us to continue helping those individuals and their families impacted by HIV/AIDS our community. As required by the Internal Revenue Service, this receipt shall confirm that the Health Foundation provided no goods or services in exchange for your contribution, making it tax deductible to the extent allowed by law. **The Health Foundation of Greater Indianapolis, Inc.**, a 501(c)3 non-profit organization, has acted as fiduciary on behalf of the Indiana AIDS Fund.

With our sincere appreciation,
thank you for your support!

The Health Foundation of Greater Indianapolis, Inc.
Federal Tax Identification Number: 35-6203550
Phone: 317-630-1805

The Health Foundation of Greater Indianapolis, Inc.