



DONATION FORM

Enclosed is my check for (please circle amount):

\$ 25 \$ 50 \$ 100 \$ 250 \$ 50 \$ 1000 Other:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone number: _____

Would you like to receive our e-newsletter? Yes No

Would you be interested in volunteering for Pangaea? Yes No

If so, in which capacity? _____

Complete the form and mail it, along with a check for the amount of your donation, to:

Pangaea Global AIDS Foundation, 472 Ninth Street Oakland, California 94607

Many organizations match employee charitable contributions. Please check with your employer to see if your contribution to Pangaea might be eligible for a matching grant. If you have any questions about making a contribution, call (510) 379-4003 or send e-mail to contact@pgaf.org.