



Tucson Interfaith HIV/AIDS Network

A Pledge of Support for TIHAN - 2010

YES! I support the work of TIHAN, and I want to make a difference!

Printed Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ Email: _____

Business Phone: _____ Mobile Phone: _____

Signature: _____ Date: _____

I would like my name to appear in TIHAN materials as _____

My pledge is a gift of \$_____ for calendar year 2010
(Gifts of \$1,000 and above entitle you to membership as a "Torch Bearer")

I understand how valuable it is for TIHAN's longer-term planning to have two-year and three-year pledges, so I am making this a pledge for a period of
____ two years ____ three years

This gift will be made ____ in monthly installments ____ in quarterly installments ____ in one installment
(Donors who make monthly or quarterly contributions to TIHAN are entitled to membership as a "Candle Lighter")

____ Check enclosed - made payable to TIHAN (Federal Tax ID #86-0819574)

____ Please charge my: Visa / Mastercard / AMEX (circle one)

Name as it appears on credit card _____

Credit Card Number _____ Expiration Date _____

Zip Code where bill is mailed _____ Authorized Signature _____

____ Please send me a reminder ____ now ____ monthly ____ quarterly ____ December

This gift is ____ in memory of _____

____ in honor of _____

____ Please contact me about including TIHAN in my will/estate plan.

____ Please contact me about how I can volunteer my time to support TIHAN's work.

Tucson Interfaith HIV/AIDS Network

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