



Together we can make a difference,
in our lives, in our community,
in our world.

Donation Form

Click here to go paperless!

Name (Please Print) _____

Email Address _____

Mailing Address _____

Phone Number(s) Home:(_____) - _____ Mobile:(_____) - _____

**Yes! I want to support the research, seminars and scientific programs of the
UC San Diego AIDS Research Institute, a non-profit 501(c)(3) organization, Tax ID 95-2872494.**

100² Pledge – I am committed to fighting HIV/AIDS with my personal yearly pledge of \$100 to the ARI Fund. Please choose one payment option:

- Once yearly \$100 donation (to be renewed the same date each calendar year)
- Quarterly \$25 payments (first payment to be processed immediately with subsequent payments every three months)

Make a one time, yearly or quarterly donation:

- I have enclosed a check for \$_____ as a tax-deductible donation.
- I would like to make a one-time donation of \$_____ to be charged to my CC below.
- I would like to make a yearly donation of \$_____ to be charged to my CC below.
- I would like to make a quarterly donation of \$_____ to be charged to my CC below.

Credit Card Type (circle one): Visa / MasterCard / American Express

CC#: _____ Expiration Date: ___/___/___

Signature: _____ Date: ___/___/___

PLEASE COMPLETE AND FAX TO 858-822-5840 OR SCAN AND EMAIL TO LIZ@UCSD.EDU

Checks should be made out to “UC San Diego Foundation” and mailed to:

AIDS Research Institute | 9500 Gilman Drive #0716 | La Jolla, CA 92093

While 100% of this gift is tax deductible and will benefit UC San Diego; 94% of your support will be directed to the purpose specified herein, and 6% will be directed to assist with necessary and critical administrative cost.