ARCS

AIDS-RELATED COMMUNITY SERVICES

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Donation in honor of ☐ **Name** _____

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Payment Method ***(circle one)*** **creditcard** **check**

Credit Card Type ***(circle one)*** **Amex** **Visa** **Master Card**

Credit Card Number _____ **Expiration Date** _____

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If you are donating by credit card, please sign below.

X _____

If you would like to send an addtional message with your donation, please write it below.

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