

Yes! Count me in...

Please accept my gift in support of the **National AIDS Memorial Grove** in San Francisco's Golden Gate Park. Use it to maintain and enhance this unique national treasure.

NATIONAL AIDS MEMORIAL GROVE
P.O. BOX 2270
SAN FRANCISCO, CA 94126-2270
415-765-0497
www.aidsmemorial.org



↩ Two Ways You Can Support the Grove ↪

Community Programs Supporter

Your general fund gift supports the outreach and community programs of the Grove, including monthly Community Volunteer Workdays, annual World AIDS Day remembrance, and ongoing educational initiatives. Gifts at the following Supporter levels may be paid in a single payment or in installments:

- \$5,000 – Redwood Supporter \$500 – Maple Supporter
 \$2,500 – Oak Supporter \$250 – Pine Supporter
 \$1,000 – Dogwood Supporter Other \$_____

Check if gift is: In Honor of: In Memory of:

NAME OF HONOREE: _____

Additional Information

- I would like information about how to include NAMG in my estate plan.
 I've not previously informed you, but I have already included NAMG in my estate plan.
 Please send me more information about volunteering and/or sponsoring a Community Volunteer Workday or outreach program.

Contact Information

MY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

➔ Help us save paper and keep you up to date on the most current happenings in the Grove by providing us with your email address.

Please check this box if you prefer NOT to be listed as a donor in our newsletter.

Circle of Friends Supporter

An inscription gift of **\$1,000** entitles you to place a name in the Circle of Friends. Your name, or the name of someone you love, will be engraved in the flagstone terrace of the Grove's Dogwood Crescent, where it will be seen in perpetuity by countless visitors. Gifts may be paid in a single payment or in installments*.

I wish to join the Circle of Friends by donating \$1,000 per name for _____ name(s). Please inscribe the name(s) as follows:

(Limit of 20 characters per name, including spaces and punctuation.)

1. _____

2. _____

(Please list additional names on reverse.)

SIGNATURE: _____

(Required for all inscriptions.)

I wish to support the Engraving Assistance Program and donate \$_____ to assist with another's engraving in the Circle of Friends. *(All assistance matches are made in increments of \$500.)*

Payment Information

- My check for \$_____ is enclosed.
 Bill my credit card in a single payment of \$_____.
 Bill my credit card in _____ monthly installments* of \$_____ each *(monthly minimum of \$50)*.

Card Type: MasterCard Visa AmEx

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV: _____

SIGNATURE: _____

**Circle of Friends inscriptions paid by installment will be inscribed after receipt of the final payment.*

*The National AIDS Memorial Grove is a project of the Tides Center and all contributions are tax-deductible to the fullest extent allowed by law. Please make your check payable to **Tides Center/National AIDS Memorial Grove** and return it with this form in the envelope provided. Thank you for your support!*