



## DONATION FORM

Enclosed is my check for (please circle amount):

\$ 25

\$ 50

\$ 100

\$ 250

\$ 500

\$ 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 what capacity? \_\_\_\_\_

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

Pangaea Global AIDS, 436 Fourteenth Street, Suite 920, Oakland CA 94612

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, please call (510) 379-4003 or send e-mail to [contact@pangaeaglobal.org](mailto:contact@pangaeaglobal.org).