



DONOR & VOLUNTEER FORM

*We need your help to support the year-round services
we offer for people living with HIV/AIDS!*

*Your care and commitment will help make
this year better for those who are in need!*

☐ **ONE-TIME GIFT:**

Enclosed is a check for \$_____ - OR - ☐ Charge \$_____ to my credit card.

Please use this gift for:

☐ Food Shelf ☐ Meal Program ☐ Complementary Care Program ☐ Other: _____

☐ **MONTHLY PLEDGE - Friends of Aliveness*:**

I want to pledge a monthly donation of \$_____:

FRIENDS OF ALIVENESS

☐ I will mail in my monthly donation.

☐ Please make a monthly charge to my credit card.

For all credit card donations, please complete the following information: ☐ Visa ☐ MasterCard

Credit card number: _____ Expiration date: _____

Name(s) on credit card: _____ Your signature: _____

** Friends of Aliveness is a special donor program that allows people like you
to provide ongoing support for The Aliveness Project and our members throughout the year.*

Name(s):		
Address:		
City, Zip:		
Telephone:	()	E-mail:

Name(s) to appear on recognition materials: _____

This gift is in ☐ Honor (or) ☐ Memory of: _____.

☐ **Please contact me about volunteering to help with:**

- ☐ Preparing & serving meals
- ☐ Assisting with the food shelf (filling & distributing bags)
- ☐ Organizing a food drive (for nonperishable food or hygiene items)
- ☐ Data entry / office work
- ☐ Housekeeping
- ☐ Front desk / receptionist
- ☐ Newsletter assembly
- ☐ Other: _____

THE ALIVENESS PROJECT
730 EAST 38TH STREET, MINNEAPOLIS, MN 55407

TEL: 612.822.7946
FAX: 612.822.9668