



# Double your impact TODAY!

The **Otto Bremer Foundation** has generously committed a **\$200,000 Challenge Grant** toward our **\$2.5 million Capital Campaign goal**. **Your gift today will be matched** up to \$200,000 and allow us to start construction this summer!

We are asking you to make a **significant contribution**. We will acknowledge all major gifts on the walls of our therapy rooms, dining room, community room, membership lounge and hallways.

**YOUR NAME or the NAME OF A LOVED ONE**  
will be displayed to show the positive impact of your donation.

The Aliveness Project is currently serving 1,600 individuals living with HIV/AIDS each year—twice as many as we did 12 years ago—in a building designed to serve only 400.

In 2009, The Aliveness Project launched a **capital campaign** for the purchase and renovation of a new home at Nicollet Avenue and 38th Street in South Minneapolis. This new facility will offer improved accessibility, a larger food shelf, a spacious dining room, more therapy rooms and other features to better serve our HIV+ members and their families.

## POSITIVE IMPACT GIFT FORM



### AMOUNT

### GIFT RECOGNITION

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> \$10,000 | Name on THERAPY ROOM (Corporate logo optional)    |
| <input type="checkbox"/> \$5,000  | Name on plaque in LOBBY (Corporate logo optional) |
| <input type="checkbox"/> \$2,500  | Name on plaque in DINING ROOM                     |
| <input type="checkbox"/> \$1,000  | Name on plaque in COMMUNITY ROOM                  |
| <input type="checkbox"/> \$500    | Name on plaque in MEMBER LOUNGE                   |
| <input type="checkbox"/> \$250    | Name on tile in HALLWAY                           |
| <input type="checkbox"/> \$100    | Name on brick in HALLWAY                          |

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) to be listed for gift: \_\_\_\_\_

☐ I will pay in full now.

☐ I will pledge payments:

☐ 12 monthly payments

☐ 4 quarterly payments

☐ 2 payments (every 6 months)

☐ Check enclosed: Payable to "The Aliveness Project."

☐ Please charge \$ \_\_\_\_\_ to my credit card: ☐ MasterCard ☐ Visa

*For credit card donations, please complete the following:*

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Your signature: \_\_\_\_\_

*All gifts are fully tax deductible as allowed by law. Many companies match the charitable gifts of their employees. Check with your employer and if they offer such a match, please include the appropriate forms with your donation.*

**Return this form to: The Aliveness Project Capital Campaign, 730 East 38th Street, Minneapolis, MN 55407.**