

(Please print as you would like to be recognized.)

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City/ST/Zip: _____

E-Mail: _____ Website URL: _____

Phone: _____ Fax: _____
(Daytime or cell)

Please accept our contribution in support of individuals affected by HIV in our community.

- | | | | |
|----------------------------------|--------------------------|-----------------------------------|-------------------------|
| <input type="checkbox"/> \$1,500 | CLIMAX SPONSOR | <input type="checkbox"/> \$250 | STEAMY SPONSOR |
| <input type="checkbox"/> \$1,000 | AROUSING SPONSOR | <input type="checkbox"/> \$100 | TEMPTING SPONSOR |
| <input type="checkbox"/> \$500 | SEDUCTIVE SPONSOR | <input type="checkbox"/> \$ _____ | OTHER |

PAYMENT METHOD

- PayPal/Credit card: VISA MasterCard Discover
 American Express

Card #: _____ Exp. Date: _____

Cardholder Signature: _____
(Name as it appears on credit card.) Please add CSV code

- Please send invoice. Please contact me about volunteer opportunities for my employees.

Thank you for your generous support! Please mail this form with your payment to:

UNIFIED – HIV Health and Beyond 3011 W. Grand Blvd., #203, Detroit, MI 48202

Questions? Contact Akilah or Keith in the Detroit office at (313) 446-9800

UNIFIED – HIV Health and Beyond is a 501(c)(3) non-profit organization.

Your gift is tax-deductible to the extent allowed by law. EIN#: 38-02464851