



OFFLINE DONATION FORM

Name: _____

Address: _____

Apt: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell Phone: _____

(for text communications; phone provider billing charges many apply)

Select Donation Amount:

- \$25
 \$50
 \$100
 \$250
 Other Amount: \$ _____

Please make my donation amount described above a monthly gift and charge my credit card every month on the: (day of the month) _____

Please charge my: AmEx Visa Master Card Discover Card

Card Number: _____

Expiration Date: _____ Security Code #: _____
(3-4 digit code on back; AmEx on front)

Credit Card Billing Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

My preferred mode(s) of communication is: Email Phone Text 'Snail' Mail

- I give my permission to NBLCA to publish my name as a donor _____
 I would like my donation to remain anonymous

**Checks should be made out and sent with this form to: National Black Leadership Commission on AIDS, Inc.
215 West 125th Street | Suite 2 | New York, NY 10027**

If you would like to pay by phone and/or have questions, contact us at info@nblca.org or (212) 614-0023, Your gift is tax deductible as allowed by law (NBLCA EIN: 13-3530740)