



## Charitable Contribution Form

To make a contribution to The Well Project, please fill out this form, enclose a check payable to "The Well Project, Inc." and mail both to The Well Project, PO Box 220410, Brooklyn, NY 11222.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

HOME TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

AMOUNT OF DONATION: \_\_\_\_\_

WOULD YOU LIKE TO BE LISTED AS A SUPPORTER OF THE WELL PROJECT ON OUR WEB SITE?

\_\_\_\_\_ YES \_\_\_\_\_ NO, I PREFER TO BE ACKNOWLEDGED AS AN ANONYMOUS DONOR

I WISH TO MAKE MY DONATION

IN HONOR OF \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

Your donation will contribute to the following initiatives:

- Treatment and Care: support the development of educational materials via the web portal; support Spanish translation of educational materials
- Thought and Action Leadership: support the work of the Women's Research Initiative on HIV/AIDS to develop a research agenda, advance the participation of women in clinical trials, and track on-going research
- Advocacy, Education, and Awareness: support the production and dissemination of HIV awareness materials to enhance the public's knowledge of HIV disease among women

**THANK YOU!**