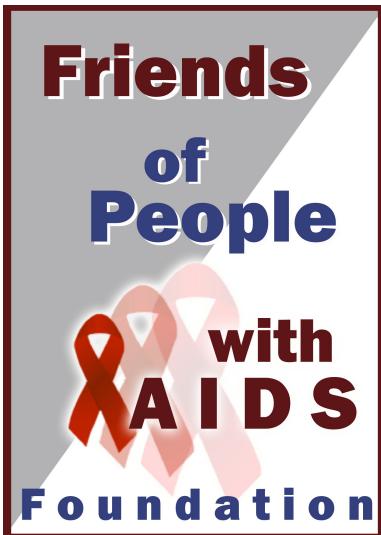


# Yes!

I want to support Friends of People with AIDS Foundation



Name: \_\_\_\_\_

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City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

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E-mail Address: \_\_\_\_\_

Would you like us to send you a receipt for tax purposes? (Circle one)      **Yes**      **No**

Would you like to receive mailings from us? (Circle one)      **Yes**      **No**

Donation Amount: \$\_\_\_\_\_ (completely tax deductible)

Please make your check payable to Friends of People with AIDS Foundation.

Thank you for your generous contribution.

Please mail your check to:

**Friends of People with AIDS Foundation**  
**PO Box 4014**  
**Portland, OR 97208**