DONATION FORM







See if your employer GIFT INFORMATION will match your donation!

Amount:
This gift is a tribute
□ In memory of:
□ In honor of:
□ My gift will be matched by my employer:

DONOR INFORMATION					
Name: ☐ Written as I'd like to be listed p		make an anoynmous gift.			
Billing Address:					
City:	State:	Zip:			

CONTRIBUTION METHODS



Scan this to pay by donor-advised fund

⊐ Pay	by	pł	none	,
-------	----	----	------	---

Call (800) 39-AMFAR.

☐ Pay by donor-advised fund

Contact your financial advisor or bank to initiate payment to amfAR or The Foundation for AIDS Research.

☐ Pay by mail

Return this form to the below address with the required credit card information or enclose a check payable to amfAR or The Foundation for AIDS Research.

Credit Card number

Exp.

CVV

☐ Visa

☐ AMEX ☐ Discover

Signature

Date

amfAR reserves the right to charge a 3% processing fee on all credit card contributions of \$5,000 or more.



Scan this to donate online!

☐ Pay by wire

Email: _

Phone:

Account Number: 009427761547

Account Information: The Foundation for AIDS

Research (amfAR)

Bank Information:

TIN: Routing number (EFT): Routing number (Wires):

SWIFT Code:

(International only)

Bank of America 13-3163817 021000322 026009593

BOFAUS3N

☐ Pay by stock transfer

The Foundation for Account name:

AIDS Research (amfAR)

DTC number: 8862

Account number: 879-07002 Tax ID Number: 13-3163817

amfAR Broker Contact

Erica Matloff

Merrill Lynch Global Wealth Management

Two World Financial Center Floor 40, New York, NY 10281

+1.631.204.2386

CONTACT INFORMATION (800) 39-AMFAR • donors@amfar.org

amfAR, The Foundation for AIDS Research • 120 Wall Street, 13th Floor • New York, NY 10005