

DONATION FORM



GIFT INFORMATION

See if your employer
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 publicly ☐ I'd like to make an anonymous gift.

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

CONTRIBUTION METHODS



Scan this to pay by donor-advised fund

☐ Pay by phone

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 ☐ MC ☐ 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

Account Number: 009427761547
Account Information: The Foundation for AIDS Research (amfAR)

Bank Information: Bank of America
TIN: 13-3163817
Routing number (EFT): 021000322
Routing number (Wires): 026009593
SWIFT Code: BOFAUS3N
(International only)

☐ Pay by stock transfer

Account name: The Foundation for 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

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