

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



Scan this to donate online!

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.

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

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