

# BEBASHI

**YES! I want to help BEBASHI fight against the spread of HIV/AIDS infection in Philadelphia. Enclosed is a gift of:**

\$15      \$25      \$35      \$50      \$75      \$100      Other \$ \_\_\_\_\_

**I would like to contribute by:**

Check (Payable to BEBASHI)

Visa

Mastercard

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check here to remain anonymous**