

# Donation Form



**Rafiki Coalition's mission is to stop the spread of HIV/AIDS and eliminate health disparities in San Francisco's Black and marginalized communities.**

## Donor Information (please print)

Name	
Address	
City	
State	
ZIP Code	
Telephone	
E-Mail	

## Donation Information

\_\_\_ Enclosed is my tax-deductable donation to support the efforts of Rafiki Coalition to build a healthy, vibrant community.

\_\_\_ Enclosed is my check, **payable to Rafiki Coalition**, in the amount of:

\_\_\_ \$50                      \_\_\_ \$100                      \_\_\_ \$500  
\_\_\_ \$75                      \_\_\_ \$250                      \_\_\_ Other \$\_\_\_\_\_

Please mail check to:

**Director of Development  
Rafiki Coalition  
601 Cesar Chavez Street  
San Francisco, CA 94124**

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_ I wish to have my donation remain anonymous.

## Correspondence

\_\_\_ I wish to be included in the Rafiki Coalition mailings. **Please note: you can request to be taken off the mailing list at any time.**

*Did you know you can make a secure, online donation? Please visit [www.rafikicoalition.org](http://www.rafikicoalition.org) today!*

**Rafiki Coalition Federal Tax ID Number: 94-3098879**  
**Confidentiality is guaranteed! Rafiki Coalition does not share your personal information.**