

Please make your check payable to Albuquerque Pride.

Send this form with payment to:

Albuquerque Pride

2610 San Mateo Blvd NE Ste E

Albuquerque, NM 87110-3162

HIV Walk New Mexico 2017 Donation Form

First Name			M.I	Last Name		
Business Name	e (optional)					
Mailing Addres						Apt
I am proud to s	support particip	oant (name)			wi	th my contribution:
\$1,000	<u>\$</u> \$500	□\$250	□\$100	□\$50	Other amou	nt
Payment C	Options					
Personal ch		ke your check o	r money order paya	ble to Albuquerque	Pride and include	e the participant name
Please bill my		/isa	☐ MasterCard	☐ America	n Express	Discover
Card number	umber		Ex	piration Mo/Yr		Sec Code
Your donation		e Pride (tax ID 8	5-0443655) is non-r			ullest extent by law.







