ACADEMY OF FRIENDS

Celebrating Life.
Empowering Hope.

By becoming a 2012 Gala Season Underwriter with Academy of Friends you are contributing to an organization that makes significant grants to HIV/AIDS agencies throughout the Bay Area annually.

THANK YOU FOR YOUR SUPPORT!

ACADEMY OF FRIENDS is a 501(c)(3) nonprofit organization;
contributions are fully tax-deductible to the extent allowable by the law. FED TAX ID: 94-3064135

☐	$10,000 and above	Mogul's Circle	➢ 16 VIP Gala Tickets
☐	$5,000 – $9,999	Legend's Circle	➢ 8 VIP Gala Tickets
☐	$2,500 – $4,999	Producer's Circle	➢ 4 VIP Gala Tickets
☐	$1,500 – $2,499	Director's Circle	➢ 2 VIP Gala Tickets
☐	$700 – $1,499	Leading Circle	➢ 2 Gala Tickets
☐	$350 – $699	Supporting Circle	➢ 1 Gala Ticket

PARTICIPATION *(Please check appropriate boxes)*:

☐ Please enroll me in extended giving by breaking my payments into equal monthly installments between now and Feb. 15, 2012.

☐ Please accept my underwriting contribution in one single payment in the amount of $_____.

☐ This is only part of my gift! I have enclosed a matching gift application from my employer.

☐ I would like to make a gift of stock to Academy of Friends. Please contact me.

- All Underwriting levels include a listing in the Gala Invitation and Program materials.

NAME(S) TO APPEAR IN PROGRAM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PREFERRED PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME (as it appears on credit card): _____

TOTAL $ _____ CARD # | | | | | | | | | | | | | | | | | **EXP** ___/___

By signing below, I agree to pay in full the amount listed above and there are no returns or refunds on this gift. Additionally, I understand all corporate matching gifts must be in-process by ***February 1, 2012****.*

SIGNATURE _____ **DATE** _____

Please fax this form to our secure **fax** at (415) 995-9891 or **mail** to: Academy of Friends, 650 5th St., Suite 408, San Francisco, CA 94107
You may also complete your pledge **ONLINE** through the website at www.academyoffriends.org