



Credit Card Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Donation Amount _____

Type of card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number _____

Expiration date _____ CVV _____

Name on Card _____

Once form is complete, send to:

**Alaskan AIDS Assistance Association
ATTN: Development
1057 W. Fireweed, Suite 102
Anchorage, AK 99503**