



BIG BEND CARES PROVIDES EDUCATION AND COMPREHENSIVE SUPPORT TO PEOPLE INFECTED WITH OR AFFECTED BY HIV/AIDS. HELP US HELP OTHERS BY DONATING THROUGH OUR MONTHLY GIVING PROGRAM. 100% OF THE CONTRIBUTION YOU MAKE STAYS IN THE COMMUNITY, WHICH ENABLES US TO PROVIDE DIRECT SERVICES AND PREVENTION EDUCATION.

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

GIVING OPTIONS:

ONE TIME PLEDGE:	AMOUNT: _____
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VISA **MASTERCARD**

DISCOVER **AMEX**

CARD NUMBER: _____ **EXP. DATE:** _____

CARD HOLDER NAME: _____
(if different from above)

SIGNATURE: _____

Big Bend Cares is a 501 (c) (3) organization. "A COPY OF THE OFFICIAL REGISTRATION, CH1673, AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENFORCEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."