



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 **OR** **MASTERCARD**

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

CARD HOLDER NAME: _____
(if different from above)

SIGNATURE: _____

Big Bend Cares is a 501 (c) (3) organization. Please retain this letter for your tax records, as it is a necessary document to provide for receipt of any available federal income tax deduction. "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."