



American Foundation for Children with AIDS

Thank you for choosing to be a hero to a child with AIDS!

To enroll in our Hero Monthly Sponsor program, please complete this form and mail it along with your donation to: American Foundation for Children with AIDS, 6221 Blue Grass Avenue Harrisburg, PA 171121 **or** fax it to: (717) 489-0214.

Yes! I want to participate in the Hero Monthly Sponsor program!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

CREDIT CARD DONATION AUTHORIZATION

I authorize the American Foundation for Children with AIDS to charge my pledge of \$30.00 to my credit card automatically each month.

Visa ___

MasterCard ___

Discover ___

Name (as appears on the card)

Credit Card Number

Security Code (V code)

Expiry Date (MM/YYYY)

Signature - **Required**

Date