

**SILICON VALLEY AIDS LEADERSHIP CENTER**  
*TRIBUTE/MEMORIAL GIFT FORM*

*Please fill out this form and mail with your contribution to:*

**SILICON VALLEY AIDS LEADERSHIP CENTER**  
2060 Forest Avenue  
San Jose, CA 95128



**DONOR INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DONATION**

Please accept this gift in the amount of : \_\_\_\_\_

This gift is a (circle one):            *Tribute*            *Memorial*

Please mail an acknowledgement of my gift to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

***Thank you for your gift!***