

Caring for Haitian Orphans with AIDS, Inc.
P.O. Box 290342
Tampa, FL 33687-0342
<http://www.choaids.org>

**2007 Annual
Fund Drive**

Yes! I'll help CHOAIDS in providing care to HIV+ orphans in Haiti.

Here is my special **monthly** gift of:

\$10 \$20 \$30 \$40 \$50 \$75 Other \$_____

I wish to make my gift by automatic bank draft

starting in the month of _____, (please specify month)

and ending in the month of _____, (please specify month)

Please withdraw \$ _____ on the 15th or 30th of each month

for a total gift of \$ _____

Please return in the enclosed envelope a voided check for the bank account to which your monthly draft should be charged.

SIGNATURE

You can also donate through our secure website!

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