



**LetsStopAIDS**  
**ArrêtonsLeSIDA**  
[www.LetsStopAIDS.org](http://www.LetsStopAIDS.org)

**Please mail this form to:**

LetsStopAIDS | ArrêtonsLeSIDA  
17 Henrietta St.  
Toronto, Ontario M6N 1S4  
Canada

Title	
Last Name	
First Name	
School/Organisation (If applicable)	
Grade/Year/Type of Class (If applicable)	

**Contact Information**

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City / Town	
Province / State	
Postal Code / Zip Code	
Country	
Telephone Number	
Email Address	

**Donation Information**

<b>Donation Amount</b>	
Currency	
Frequency	

**Credit Card Information (if applicable)**

Credit Card Type	
Credit Card Number	
Credit Card Expiry	
Name exactly as appears on credit card	