



ALLEN TEMPLE BAPTIST CHURCH AIDS MINISTRY

Mail In Donation Form

AIDS Ministry Programs Donation Designation:

Mother Of Peace Community \$ _____	Save A Child With AIDS \$ _____
Medical Clinics \$ _____	East Oakland Collaborative \$ _____
Where It Can Help the Most \$ _____	Total Donation Amount \$ _____

My donation is in memory of Robert C. Scott III, M. D.

Contact Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone Number: () _____

Yes, please add me to the mailing list.

Please mail the completed form and your check to the Ministry. Upon our receipt, we will email or mail a donation confirmation to you. We extend our tremendous gratitude for your gift to the Allen Temple Baptist Church AIDS Ministry. Thank you so much for your support. God bless you!

**Allen Temple Baptist Church AIDS Ministry
 8501 International Blvd.
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 Email: donate@allentempleaidsministry.org
www.allentempleaidsministry.org**