



Harvard School of Public Health  
AIDS INITIATIVE

**Donation Form**

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**Gift Amount:** \_\_\_\_\_

Is this a Memorial Gift or a Tribute Gift?

This gift is:     In memory of                       In honor of

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Occasion: \_\_\_\_\_

Please send acknowledgement to:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Please mail this form to:

Harvard School of Public Health AIDS Initiative  
6th Floor  
651 Huntington Ave.  
Boston, MA 02115

**THANK YOU for your generous support!**