



**Los Angeles Jewish AIDS Services  
Contribution Form**

***Enclosed is my tax deductible contribution of:***

\$18  \$54  \$180  \$252  \$\_\_\_\_\_

(Please make check payable to L.A. Jewish AIDS Services)

Donor's Name \_\_\_\_\_

Donor's Address \_\_\_\_\_

Donor's City, State, Zip \_\_\_\_\_

Donor's Phone (\_\_\_\_) \_\_\_\_\_

Or charge by  Visa or  Master Card

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Please send a tribute to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

in honor of:  in memory of:

\_\_\_\_\_

Send to:

**Project Chicken Soup**  
PO BOX 480241  
Los Angeles, CA 90048