

Since 2002, the Advocates Circle has been raising crucial funds for the Council, enabling us to help those in greatest need. Become a sustaining member of the Advocates Circle today and help us continue our vital mission of protecting the rights of persons with HIV!

Friend

Annual Commitment of \$250—\$499
(or monthly gift of \$21—\$41)

Members will receive special recognition in the AIDS Legal Council Annual Report and will receive an invitation to attend our fall Advocates Circle Welcome party with a guest. This is one event you won't want to miss!

Advocate

Annual Commitment of \$2,500—\$4,999
(or monthly gift of \$208—\$416)

Entitles members to all the benefits outlined above, plus two (2) complimentary tickets to the annual Garden Party and two (2) complimentary tickets to the Advocates of the Year Awards.

Supporter

Annual Commitment of \$500—\$999
(or monthly gift of \$42—\$83)

Members will receive all the benefits offered at the above level, plus special recognition in the Council's newsletter and website.

5. Leadership

Annual Commitment of \$5,000 or greater
(or monthly gift of \$416 or greater)

Entitles members to all the benefits outlined above, plus four (4) complimentary tickets to the Council event of your choice and special acknowledgement in the ALCC newsletter.

Benefactor

Annual Commitment of \$1,000—\$2,499
(or monthly gift of \$84—\$208)

Entitles members to all the benefits outlined above, plus two (2) complimentary tickets to the Council's annual Garden Party!



For additional information about the Advocates Circle, or to join by phone using your credit card, please contact Ricardo Cifuentes at (312) 427-8990.

ENROLLMENT FORM

- Friend** (\$250—\$499)
- Supporter** (\$500—\$999)
- Benefactor** (\$1,000—\$2,499)
- Advocate** (\$2,500—\$4,999)
- Leadership** (\$5,000 or greater)

Please accept my contribution to ALCC in the amount of \$_____.

Name (as you would like it to appear) _____ Address _____

City, State ZIP _____ Phone _____ E-mail _____

Please charge \$_____ to my (circle one):



Card # _____ Expiration Date _____ / _____

You can also become a Circle member through our Monthly Giving program. Simply select one of the two options below:

- Option 1: Indicate the full amount of your gift above and it will be divided equally and charged over the course of 1 year.
- Option 2: Indicate the amount that you would like charged every month during the next year: \$_____

For your convenience: **Friend:** \$21-\$41/mo; **Supporter:** \$42-\$83/mo; **Benefactor:** \$84-\$208/mo; **Advocate:** \$208—\$416/mo; **Leadership:** \$416+