



SUBSCRIPTION FORM

RETURN THIS FORM TO: POSITIVELY AWARE
5537 N. BROADWAY ST. CHICAGO, IL 60640
FAX: 773-989-9494
E-MAIL: distribution@tpan.com

SIGN ME UP FOR THE E-NEWS, the weekly e-mail newsletter from POSITIVELY AWARE.

YOUR NAME _____

YOUR E-MAIL ADDRESS _____

SEND ME A 1-YEAR SUBSCRIPTION TO POSITIVELY AWARE.

\$30 donation, free to those who are HIV-positive. Your contribution helps provide subscriptions to those who can't afford them. All donations are tax-deductible to the full extent of the law. Subscriptions are provided free of charge to individuals who are HIV-positive or those unable to pay.

If you are requesting a free subscription, please check here.

SUBSCRIPTION RENEWAL: \$30.

Enclosed is my payment to renew my subscription.

BACK ISSUES: \$3 per copy.

Please indicate which issue(s) from the last 12 months you would like to order, and the quantity:

Is your organization a(n):

- | | | |
|--|--|--|
| <input type="checkbox"/> AIDS service organization | <input type="checkbox"/> Government organization | <input type="checkbox"/> Physician's office |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Health clinic | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Individual / Household | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Community group | <input type="checkbox"/> Media outlet | <input type="checkbox"/> Business (other than listed above) |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Museum/Cultural institution | <input type="checkbox"/> Corporation (other than listed above) |

MY SHIPPING INFO

Mr.
Ms.
Mrs.
Dr.

YOUR NAME _____

E-MAIL ADDRESS _____

ORGANIZATION (IF APPLICABLE) _____

TITLE (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

MY BILLING INFO

Please charge my:

Visa MasterCard American Express

TOTAL AMOUNT: \$ _____

EXPIRATION DATE _____ CARD NUMBER _____

NAME ON CARD _____

SIGNATURE (REQUIRED) _____

Charges will appear on your credit card bill as TPAN-PA. TPAN is a not-for-profit organization dedicated to providing support and information to all people affected by HIV.