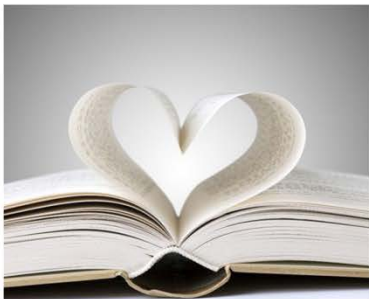




Red Ribbon Society members are **passionate, committed** community supporters **powering** those pivotal moments when someone's health changes **for the better.**

## Educate



Educating the community to inform and reduce the stigma of HIV/AIDS

## Partner



Partnering with the agency to help lead North Texas beyond the HIV crisis

## Contribute



Contributing for the current and future needs of our community

### Ready to power a pivotal moment?

Membership to the Red Ribbon Society powers those moments of change. Red Ribbon Society membership is based on a personal, annual gift of \$1,000 or more. One time, monthly giving, and gifts of stock are welcome.

Prism Health North Texas | 351 W. Jefferson Blvd #300 Dallas, TX 75208  
(214) 521-5191 | [www.PrismHealthNTX.org](http://www.PrismHealthNTX.org) | [ruth.hardesty@prismntx.org](mailto:ruth.hardesty@prismntx.org)



Thank you for your support of Prism Health North Texas and investment in comprehensive outreach, prevention, medical and support services on behalf of HIV impacted populations in North Texas. Below is your membership form. Please review and/or complete for accuracy so we can continue to educate, acknowledge, and appreciate you!

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) as you would like listed on acknowledgements: \_\_\_\_\_

Preferred form of contact:  Email  U.S. Mail

Membership Amount: \$ \_\_\_\_\_

Number of Years of Membership: \_\_\_\_\_

I/we wish to remain anonymous

I waive benefits

**Payment options below.**

Check Enclosed

Please charge my credit card the entire amount of \$ \_\_\_\_\_

**OR** Charge my credit card \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My company will match my gift. (Please enclose the appropriate forms so we may submit as instructed).