



PATHWAYS  
to wellness

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***AIDS CARE PROJECT ACUPUNCTURE PROGRAM***

Pathways to Wellness/ AIDS Care Project is committed to providing free acupuncture care to all HIV+ clients. If you would like to participate in our free acupuncture clinics, please fill out the following information.

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Print Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

# Dependents: \_\_\_\_\_ Other Family Income: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

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I understand that this information is needed in order to receive free acupuncture treatments at Pathways to Wellness.

***ACP CONTRIBUTION SHEET***

The AIDS Care Project depends on your kind donations to sustain its current treatment program. All contributions support the continuation of free HIV acupuncture care.

Please fill out the following and let us know how much you might be able to contribute. If you are unable to make a regular contribution, please enter 0.00 below.

**I, \_\_\_\_\_, would like to contribute \$\_\_\_\_\_.\_\_\_\_ per treatment I receive in the ACP clinic.**

Any donation, no matter how great or small, is greatly appreciated! If you are not able to make a contribution at the time of a treatment, please do not let this deter you from scheduling an appointment. A contribution is never required.

I have read and understand the above information.

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