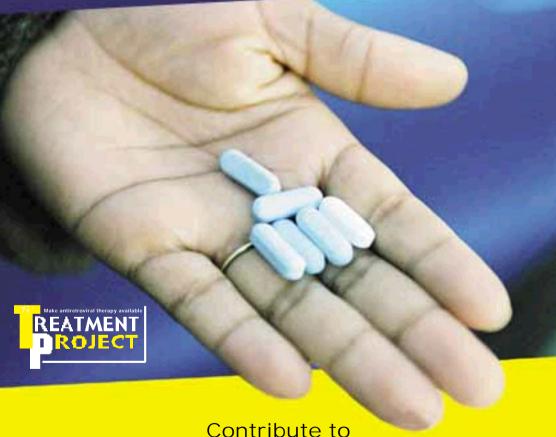
# WE NEED YOUR HELP TO SAVE LIVES!



THE TAC TREATMENT PROJECT
Everyone has the right to life!

#### YOU CAN SAVE A LIFF!

600 people die in South Africa of AIDS-related illnesses every day. Most of these lives can be saved with antiretroviral medicines (ARVs).

The TAC Treatment Project will provide antiretroviral therapy to an equal number of TAC activists and community members.

Government estimates that half a million people need ARVs today. Fewer than one percent of these people have access to these medicines and they are mostly in the private sector.

After a long struggle, Government has decided to develop an antiretroviral treatment plan. However, it will take a long time for the programme to reach every part of the

"I contribute because we can save the lives of people who only have hope and the wish to live. Be part of the solution. Make a small sacrifice and contribute to the TAC Treatment Project"

Vuyiseka Dubula, Chairperson of the TAC Treatment Project.

country. Until treatment becomes available everywhere, the TAC Treatment Project will contribute to saving lives. Our ability to do this will depend on your support.

We will provide generic ARVs as well as counselling and treatment support. The TAC TP aims to provide treatment to 50 activists and community members by the end of 2003 and, as funds become available, between 500 and 1000 people by the end of 2004.

I AM CONTRIBUTING BECAUSE

"In an epidemic taking a daily toll of hundreds of lives - in a country yearning for concerted, constructive action on HIV - the Treatment Project offers a way to contribute hope. Your support, now, will lessen suffering and prolong lives.'

Justice Edwin Cameron

The TAC Treatment Project works with public healthcare facilities where possible. If necessary, private doctors and laboratories are used. The project provides the following services:

- antiretroviral medicines:
- treatment counselling and patient education;
- monitoring of medicine safety and adherence to treatment regimens;
- assistance with training of healthcare professionals.

The TAC Treatment Project is organisationally and administratively separate from the Treatment Action Campaign. Donations made to the TAC TP will be used exclusively for treatment.

#### **HOW CAN I CONTRIBUTE?**

#### You can:

- Commit to a monthly donation of at least R50.00 by means of a debit order (see attached form)
- Sponsor treatment for one patient by contributing R500 - R800 per month
- Make a once-off or annual donation

#### HOW TO MAKE A DONATION:

- Transfer a donation to our bank account
- Send or deposit a cheque
- Fill in the attached debit order form
- Make a credit card donation on our website



### **OUR BANKING DETAILS ARE:**

Account name: TAC Treatment Project

Account number: 1009788914

Bank: Nedbank
Branch name: Cape Town

Branch code: 100909

Nedbank SWIFT Address: NEDSZAJJ

#### **OUR CONTACT DETAILS ARE:**

Eduard Grebe, Vuyiseka Dubula or Zackie Achmat

Tel: +27 21 788 3507 Fax: +27 21 788 3726

e-mail: tactp@tac.org.za

Website: www.tac.org.za/treatment

Postal address: PO Box 172,

Muizenberg, 7950





"The TAC Treatment Project provides an opportunity for us as privileged members of civil society to ensure the survival of the many men and women who work tirelessly, humbly and generously to restore dignity to people living with HIV/AIDS."

Professor Quarraisha Abdool Karim, Nelson R Mandela School of Medicine. University of Natal

## Mail this form to the TAC Treatment Project, PO Box 172, Muizenberg, 7950 or take it to your bank. DEBIT ORDER FORM Mail this form to the TAC Treatment Project, FO BOX 112, Include credit card details. Donor Name Address \_\_\_\_\_Tel(h) .... E-mail Tel(w) .....Tel(cel) ..... Name of Account Holder Your ID Bank Branch Name & Town Branch No Account No Transmission Current Savings Account Type Please draw against my abovementioned account with the abovementioned bank (or any other bank or branch to which I may transfer my account) each month for the months of \_\_\_\_\_\_\_ to \_\_\_\_\_ inclusive, commencing 2003. All other debits are to be processed on the first business day of the month. All such withdrawals from my bank account by you shall be treated as though I had signed them personally. I authorize my payment to be increased by 5% per annum: I understand that the withdrawals hereby authorised will be processed through a system known as ACB Magnetic Tape. I also understand that the details of each withdrawal will be printed on my bank statement. I agree to pay any bank charges relating to this debit order instruction: This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I sh aall not be entitled to any refund of amounts that you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank whichever it is or will be. on this \_\_\_\_\_ day of \_\_\_\_\_ Signature as used for signing cheques Master Card American Express

Signed at .. in the year \_\_\_\_\_ CREDIT CARDS: You can also use your credit card to donate online at www.tac.org.za/treatment Name on card Card Number Card Type Last 3 digits on back of card Signature of Cardholder ..... Expiry Date My name can be used publicly as a donor to this project Yes