

AANE Donation Form

Amount of Donation \$ _____

Name _____

Organization _____

Address _____

City _____ Zip _____

I will pay by: Check (Please make check payable to AANE)

Credit Card Amex Visa Master Card

Card Number _____

Expiration Date _____

Please acknowledge my donation in the next newsletter

(Please indicate on the line above how you wish your donation to be acknowledged.)

Matching gifts: If your company has a matching gift program, please notify us and your employer.

All gifts are tax deductible; we will send a letter of acknowledgement.

May we suggest that in wills, trusts and estate plans, you remember AANE.

Thank You!
