



206 N. Washington St., Suite 200
Alexandria, VA 22314
Fax: 703-224-0179

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Gifts are tax deductible to the extent allowed by law. ACA will send a receipt to you for your tax records.

YES! I want to donate to ACA's Capital Campaign.

\$25 \$50 \$100 \$200 \$500 Other \$ _____

This gift should remain anonymous.

_____ Check enclosed.

_____ Charge my credit card:

Visa Mastercard American Express Discover Diners Club

Credit Card # _____ Exp. Date _____ V-code # _____

Name on Credit Card _____ Signature _____

Please Print

_____ I want to pledge \$ _____ per month year. ACA will automatically charge your credit card or send a pledge reminder each month/year as indicated.

_____ Please send information about including ACA in a will and other planned giving opportunities.