

APEEDEC CONTRIBUTION FORM

Contact Information

Please print all information.

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>				
Apt/Unit	<input type="text"/>				
City	<input type="text"/>	State/Province	<input type="text"/>	Postal Code	<input type="text"/>
Country	<input type="text"/>				

Day Phone	<input type="text"/>
Evening Phone	<input type="text"/>
E-Mail	<input type="text"/>

Contribution Amount

(Minimum Contribution is \$10)

\$

In Memoriam/In Honor Donation Gift

This gift is made

In Memory of In Honor of (please select only one)

Name	<input type="text"/>
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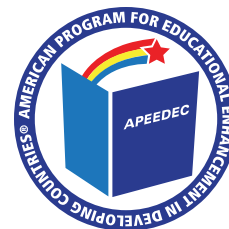
Please include information below if you would like us to send an acknowledgement of this gift.

Send acknowledgement to:

Name	<input type="text"/>				
Address	<input type="text"/>				
Apt/Unit	<input type="text"/>				
City	<input type="text"/>	State/Province	<input type="text"/>	Postal Code	<input type="text"/>
Country	<input type="text"/>				

Please send this form along with your check made out to:

APEEDEC
c/o Dr. Lawrence Agodoa
13217 Glenhill Road
Silver Springs, MD



Thank you for your generosity.