

Alliance College Alumni Association Foundation

Yes, I want to support the ACAA Foundation's Endowment Campaign.

I'd like to contribute \$ _____ Monthly Quarterly Yearly Other

Name _____ Graduation Year: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

I'd also like to make a contribution in honor or memory of my friend(s) or loved one:

Amount: \$ _____

Name _____ Graduation Year: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

Amount: \$ _____

Name _____ Graduation Year: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

- Please make checks payable to ACAA Foundation. You will receive a receipt for tax purposes.
- Mail checks to:

Alliance College Alumni Association Foundation
c/o L.J. Rachocki – Treasurer
249 Bridgewater Lane,
Sagamore Hills, OH 44067