

Alliance College Alumni Association Foundation



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

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

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 ACAAF, c/o L.J. Rachocki – Treasurer, 249 Bridgewater Lane, Sagamore Hills, OH 44067

Alliance College Alumni Association Foundation

Yes, I would like to make a donation in memory of _____

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

Please send an acknowledgement to the following:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____