



**YES! I WANT TO HELP THE LESS FORTUNATE CHILDREN.**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Here is my gift of  \$25       \$35       \$50       \$100       Other \_\_\_\_\_

My cheque or money order made payable to "AACFUND" is enclosed.

I would prefer to use my credit card.

Card # \_\_\_\_\_ ExpDate: \_\_\_\_\_

CV2: (Security number behind card) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

A receipt for income tax purposes will be issued in acknowledgment of your gift.

*ARMENIAN AMERICAN CHILDREN'S FUND, INC.*

*1314 W GLENOAKS BLVD SUITE 100*

*GLENDALE, CA. 91201*

*OFFICE: 818-799-8483      [www.aacfund.org](http://www.aacfund.org)*

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