		TRILIND			VIING		
Yes, I would like to give following tax-deductible		\$10,000 \$250	\$5,000 \$100	□ \$2,500 □ \$65	\$1,000 \$35	\$500 \$	other
Name(s)							
Preferred title(s): Mr. / Mrs. / I							
PRIMARY ADDRESS				SUMMER ADDRES	S (from	through)
Address				Address			
City, State, Zip				City, State, Zip			
Phone				Phone			
Email				Employer			
Theck here if you do not wish to recia email. See below for additional email optio	ns. We will not share	e your email address wit	•	If your employer ma		e their matching gift form WEB13	
METHOD (OF PAYM	ENT:			MY GIF	T IS:	
Check (payable to Friends of Aca	adia)	VISA MasterC	DISCOVER AMERICAN EXPRESS	☐ Anonymous			
Credit card #		1		☐ In memory of: _			
Expiration date				☐ In honor of:			
ignature(as it appears on card)				If you would like for us to notify someone of your gift in memory/honor, please enclose their address.			
E-COMMUNIC	CATIONS PE	REFERENCES		PLEASE	SEND MORE IN	FORMATION ABOU	T:
Please let us know how you prefer to receive the following mailings. If no preference is indicated, we will use physical mail.				☐ Programs in need of support ☐ Including Friends of Acadia in my estate plans			
Friends of Acadia Journal	☐ email	☐ physical	mail	☐ Gift membership	•	r	
Annual Report	☐ email	☐ physical		□ Volunteering			
Membership renewal notices	□ email	□ physical	mail	☐ Giving securities			
				,	Thank you for yo	ur support	

