FRIENDS OF ACADIA ANNUAL GIVING				
Yes, I would like to give the following tax-deductible gift: □\$10,000 □\$5,000 □\$100	□ \$2,500 □ \$65	□\$1,000 □\$35	□ \$500 □ \$	other
Name(s)				
Preferred title(s): Mr. / Mrs. / Ms. / Miss / Dr. / Rev. Other				
PRIMARY ADDRESS	SUMMER ADDRESS (from through			
Address	Address			
City, State, Zip	— City, State, Zip			
Phone				
We do not share members' personal information with other organizations.	EMPLOYER If your employer mat			
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			WEB1	6
METHOD OF PAYMENT:		MY GIFT	IS:	
Check (payable to Friends of Acadia) VISA DISC. VER DISC. VER	☐ Anonymous			
Credit card #	☐ In memory of:			
Expiration date Security Code	☐ In honor of: If you would like f in memory/hon		neone of your gift	
ignature (as it appears on card)	E-COMMI	INICATIONS	PREFERENCES	_
PLEASE SEND MORE INFORMATION ABOUT:	Please include your email ad and email updates:			-News
☐ The Second Century Campaign ☐ Programs in need of support ☐ Including Friends of Acadia in my estate plans ☐ Gift memberships ☐ Volunteering	Email			

Thank you!

