



Academy for Educational Development

AED ORPHAN SUPPORT PACK PROJECT DONATION FORM

Yes, I would like to support AED's efforts to improve the lives of orphans under the age of five who have been affected by AIDS in Kenya.

Enclosed please find my donation in the amount of \$_____.

Please make checks payable to AED/Orphan Support Pack and return your donation with this form to:

Academy for Educational Development
1825 Connecticut Avenue, NW
P. O. Box 53139
Washington, DC 20009-9139

All contributions are tax deductible to the extent provided by the law.

Name: _____

School Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ E-mail address: _____

For credit card donations:

Name on card: _____

Type of credit card: Check one

Master Card Visa American Express Discover

Credit card number: _____

Expiration date: _____

Signature of cardholder: _____

____ Yes, I would like to receive occasional AED Orphan Support Pack updates as well as information on other AED programs and newsletters at my mailing address and/or email address.

____ No, I do not wish to receive Orphan Support Pack updates or information on other AED programs.

Comments or questions for AED?

THANK YOU FOR SUPPORTING THE AED ORPHAN SUPPORT PACK