



Partners in Sharing Monthly Giving Program

PERSONAL INFORMATION

Name: _____
First NameLast Name

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

AALAS Member ID: _____

DONATION INFORMATION

Monthly Gift Amount: \$10 _____ \$25 _____ \$50 _____ \$100 _____ \$Other _____

This donation is made by: _____An Individual_____Company/Institution_____Branch

Please list company/institution/branch name if donation is not being made by an individual:

Method of Payment

For your protection, credit card information sent to AALAS Foundation via email is deleted immediately. Please submit your credit card information via a secure means such as fax (901-753-0046) or mail (AALAS Foundation, 9190 Crestwyn Hills Dr., Memphis, TN 38125). Your gift to the AALAS Foundation, a 501(c)3 nonprofit organization, is tax deductible to the full extent provided by law. Tax ID#: 62-1782656

Monthly Gift: \$ _____
 MasterCard VISA Discover
 American Express

Account Number—please include all digits															Month	Year			
Expiration Date																			

Name on card _____ Signature _____

Billing address _____

City _____ State _____ Zip _____

Country _____ Cardholder phone _____

Signature _____ Date _____

Fax completed forms to: 901-753-0046

I understand that my donations will continue automatically and be charged to the credit card noted above each month until I notify AALAS Foundation of any change. I can change or cancel my monthly donation at any time by emailing foundation@aalas.org.