



Donation Form

PLEASE PRINT CLEARLY

Last Name

First Name

M.I.

Spouse Name

Company Name (for business donations only)

Mailing Address

Suite/Apt. No.

City

State

Zip

Home Phone

Business Phone

Fax Number

Email Address

How do you prefer to be contacted?

Email

Phone

Mail

Do not contact, except to send my receipt.

Donation Amount

I prefer that my gift remain anonymous

I have enclosed a check for \$ _____
(Please make checks payable to "The American Academy")

Please mail this completed form, with your signed check to The American Academy, P.O. Box 70, Bryn Mawr, PA 19010-0070

The American Academy will mail you a receipt for IRS purposes to the address specified above.

Thank you for supporting The American Academy.