



## Donor Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I want to show my support of AET with a donation of:**

\$25     \$50     \$100     \$250     \$500     Other \$ \_\_\_\_\_

Please indicate the donation as anonymous.

**Please email receipt to this address:** \_\_\_\_\_

In addition, you may use this form to make a gift to AET in Honor of or in Memory of a loved one. The recipient will be notified of your kind gesture and you will receive a tax deduction for the full contribution.

In Honor/Memory Of: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Honor/Memory Donation Amount: \$ \_\_\_\_\_

**Payment Information:**

Check enclosed, made payable to the Association of Educational Therapists

Credit card:    \_\_\_ Amex    \_\_\_ Visa    \_\_\_ MasterCard

Total Donation Amount: \$ \_\_\_\_\_

CC# \_\_\_\_\_

Exp. \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Address for Credit card if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***Thank you for your donation and support of AET!***

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