



I'd like to make a single tax-deductible gift of:

\$35     \$50     \$200     \$500     Other \$ \_\_\_\_\_

I'd like to become a Monthly Sponsor and support ACA with automatic tax deductible monthly gifts of:

\$15     \$40     \$60     \$75     Other \$ \_\_\_\_\_

*I can increase, decrease, or suspend my monthly support by contacting ACA at [support@acaexplorers.com](mailto:support@acaexplorers.com)*

Signature: \_\_\_\_\_

Please fill in your account information below:

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

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

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am enclosing a check (made payable to American Colombian Academy)

I want to charge my credit card:

AMEX

Visa

MasterCard

Discover

Credit Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to: American Colombian Academy, 1240 Laurie Lane, Burr Ridge, Illinois, 60527

Email: [support@acaexplorers.com](mailto:support@acaexplorers.com)

Phone: 630-568-6097

*Thank you so much for your tax-deductible gift!*