



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

Yes, I would like to support AED's efforts to improve the lives of the underserved. Enclosed please find my check (or credit card information) in the amount of \$\_\_\_\_\_. Please use my donation to:

- Support AED programs where needed most
- Support Change Through Children
- Support The AED Orphan Pack Project
- Other \_\_\_\_\_

Please make checks payable to AED and mail with this form. Contributions are tax deductible to the extent provided by the law.

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

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

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Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

For donations by credit card:

Name on card: \_\_\_\_\_

Type of credit card:  Master Card  Visa  American Express  Discover  
(Check one)

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

\_\_\_\_ Yes, I would like to receive occasional Change Through Children updates and newsletters from AED at my mailing address and/or email address.

\_\_\_\_ No, I would not like to receive occasional Change Through Children updates and newsletters from AED at my mailing address and/or email address.

Comments or questions for AED?  
\_\_\_\_\_

**Thank you for supporting AED's programs to create a better future for children, youth, families, and communities throughout the world.**