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<http://www.aatg.org>

Yes, I would like to support:

GLOW Support Fund

Enclosed is my gift of \$\_\_\_\_\_

I would like to make a pledge of \$\_\_\_\_\_ and pay over a period of \_\_\_\_\_ months beginning \_\_\_\_\_

I would like to make my gift of \$\_\_\_\_\_ by credit card.

Visa     MasterCard

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

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Name on Card \_\_\_\_\_

Level  \$100

\$50

\$25

\$10

Other (please write in) \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I prefer that my donation be anonymous.

Please send me information on making a planned gift to AATG.

I'd like to become involved in fundraising.

Please make your check payable to:  
AATG GLOW Fund

THANK YOU!