

Friends of Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Enclosed is my donation of \$ _____

Your donation is tax-deductible to the extent allowed by law.
The Friends of AASL year runs September 1 through August 31.

Check the category that corresponds to your donation amount:

- Visionary \$1,000 and over
- Advocate \$500 – \$999
- Contributor \$250 – \$499
- Supporter \$100 – \$249
- Friend up to \$99

Check the area(s) you wish to support:

- Guidelines and standards for school library media programs
- Advocacy and legislative efforts
- Other (specify): _____
- Professional development and conference programming
- Community building and networking initiatives

Please check and complete ONE of the following:

- I would like to dedicate this donation **in honor of**: _____
- I would like to dedicate this donation **in memory of**: _____
- I am not making a dedication.
- I would like to donate anonymously.
(Your name will not be listed in promotional materials, on the AASL web site, etc.)

Payment type:

- Check enclosed (make payable to American Association of School Librarians)
- Credit card
 - Visa
 - Master Card
 - American Express

Account number: _____

Expiration date: _____ Signature: _____

Mail completed form to: Friends of AASL, 50 E. Huron St., Chicago, IL 60611

Thank you for becoming a Friend of ! We appreciate your support!