<u>Support the ABBRA Disaster Relief Fund</u> by completing the form below.

Yes, I would like to support the ABBRA Disaster Relief Fund.

Please check the level of contribution:

☐ $100 ☐ $200 ☐ $300 ☐ $400 ☐ $500 ☐ $1000

☐ other _____

Name: _____or Company Name: _____

Address: _____ City: _____ State: ____ Zip:_____

Telephone: _____ Fax: _____

I have enclosed a check or money order in the amount of $_____

Or

Please charge my ☐ Visa or ☐ Mastercard

Credit Card # _____ Expiration Date: _____

Signature: _____

Print Name: _____

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THANK YOU FOR YOUR GENEROSITY.