



Donation Form

Name:
Title:
Organization:

Address to mail acknowledgement to:

Street:	
City:	
State/Zip:	Country:
Telephone:	
Email Address:	

My contribution of \$_____ is intended for:

___ the General Fund of the IAAPA Foundation

___ the Al Weber Memorial Fund

___ in memory of _____

Please send this form with your checks payable to the IAAPA Foundation to: IAAPA Foundation, 9205 Southpark Center Loop Suite 300, Orlando, FL 32819 USA.

Thank you!