

Donation Form

Yes, I would like to support AED's efforts to provide BluePacks at \$10 each to Afghan children and to help rebuild Afghanistan's education system. Enclosed please find my check (or credit card information) in the amount of \$_____.

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

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____

E-mail address: _____

Your school name (if applicable):

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 BluePack updates and newsletters from AED at my mailing address and/or email address.

Comments or questions for AED?

Thank you for supporting The BluePack Project.



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