



SUPPORTER ENROLLMENT FORM

adacil.org • 732-738-4388

bit.ly/acifacebook 

CONTACT INFO

NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE _____ EMAIL _____

NEW SUPPORTER EXISTING SUPPORTER

SUPPORTER CATEGORIES

(Please Check the Right Category for You)

- | | |
|---|----------------|
| <input type="checkbox"/> Individual | \$10.00 |
| <input type="checkbox"/> Family Member | \$25.00 |
| <input type="checkbox"/> Non-Profit Organization | \$50.00 |
| <input type="checkbox"/> Corporation | \$100.00 |
| <input type="checkbox"/> Donate | \$(Any Amount) |

TOTAL \$ _____

PAYMENT

You may pay by sending a check to **The Alliance Center for Independence, 629 Amboy Ave, Edison, NJ 08837** or through PayPal by visiting adacil.org/support-aci.



All contributions to ACI are tax-deductable. Tax ID# 22-3070650

Thank you for your support!