

Name: _____

Address: _____

City, State, Zip: _____

Affiliation: _____

\$100 \$250 \$500 \$400 \$700 \$1000 Other Amount \$ _____

Check Enclosed. *Make all checks payable to AEJMC. All payments due in U.S. dollars.*

Credit Card: MasterCard VISA AMEX Discover

Amount: _____ Name on Card: _____

Account Number: _____

Exp. Date: _____ Security Code: _____ Signature: _____

As a 501(c)(3) organization, all contributions to AEJMC are tax deductible to the extent allowed in section 170 of the IRS code. AEJMC will provide written acknowledgement for all contributions.