



# *The AICPA Benevolent Fund*

## Contribution Form

Date:

First Name:

Last Name:

Address:

City:

State:

ZIP:

Phone Number:

Payment Type (Check one):  Check  Credit Card

Credit Card #:

Exp. Date:

Donation Amount:  \$10  \$25  \$50  Other

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Thank you for contributing to the **AICPA Benevolent Fund.**

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Please return this form with your donation to:

**AICPA Benevolent Fund, Inc.**

220 Leigh Farm Road

Durham, NC 27707

Your generosity is greatly appreciated.

Your contribution is tax-deductible. We will send you a receipt — please retain it for tax purposes.

If you have any questions, please call **1-866-527-2228.**