

AIEF Contribution Form

To contribute to AIEF, complete and return this form with your contribution (checks payable to AIEF).

Please check the appropriate box below:

- Individual contribution
- Organizational contribution
- I have questions about AIEF. Please have someone contact me.

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____



Advertising Industry Emergency Fund, Inc.

P.O. Box 40586, Portland, OR 97240

REAL HELP
FOR
REAL NEEDS