



Mission Statement

Provide statewide leadership on the issue of teen pregnancy prevention through collaboration, education, training and advocacy; thereby reducing teen pregnancy and improving the well-being of Alabama's children, families and communities.

Name of Donor: _____ Amount of Gift: _____

Preferred Name(s) for Recognition: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Email Address: _____

Preferred Phone Number: _____

Cell Phone

Work

Home

If you prefer this gift to be anonymous please initial: _____

PLEASE PRINT AND MAIL THIS FORM WITH YOUR CONTRIBUTION.

Gifts are tax deductible to the extent allowed by law. ACPTP will send a receipt to you for your tax records.

If this gift is an honorary or memorial gift please complete this section.

Honor / Memory of: _____

Name

This gift is a: Honorary Gift Memorial Gift

Please notify the following individual about this gift:

Name

Address

City

State

Zip

ACPTP welcomes contributions of all levels from individuals, organizations, and corporations. Contributions will be recognized as follows:

- Patron: \$5,000 and Above
- Partner: \$2,500 - \$4,999
- Friend: \$1,000 - \$2,499
- Supporter: \$250 - \$999
- Associate: \$100-\$249
- Contributor: \$0 - \$99