



Thank you for your generous support and leadership!

I will change lives today with a gift to support programs for people with disabilities.

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

I wish to donate an annual gift of \$ _____ via:

Check made payable to Brevard Achievement Center

Credit Card

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

I'd like to pledge \$ _____ now and be billed in equal installments:

Quarterly Monthly Full amount on (date): _____

I would like to give as part of the following gift opportunity:

Where it is most needed Arts Program Transportation

Specific Program: _____

BREVARD ACHIEVEMENT CENTER (REGISTRATION #CH155) PROVIDED NO GOODS OR SERVICES, IN WHOLE OR IN PART, FOR THIS CONTRIBUTION. NO PROFESSIONAL SOLICITORS WERE HIRED TO RAISE THESE FUNDS. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

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