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Donations are tax-deductible.



Enclosed is my donation of (please check or fill in):

\$1,000 ____ \$500 ____ \$100 ____ \$50 ____ \$25 ____ \$ _____

My Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) - (_____) - (_____)

My donation is in memory/honor of:

Name: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please make checks payable to:

Access One, Inc.

730 Shore Road

Somers Point, NJ 08244