

Ankeny Christian Academy

1604 West 1<sup>st</sup> Street

Ankeny, IA 50023-2525

515-965-8114

515-965-8210 (fax)

[office@ankenychristianacademy.com](mailto:office@ankenychristianacademy.com)

[www.ankenychristianacademy.org](http://www.ankenychristianacademy.org)

To keep you informed of alumni and ACA events please fill out this form and mail or fax back to ACA.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Spouse Job Title: \_\_\_\_\_

If student, name of college/school: \_\_\_\_\_

Name(s) of college scholarships you received: \_\_\_\_\_

Graduated from \_\_\_\_\_

Degree (s) \_\_\_\_\_

Military Service \_\_\_\_\_

Church: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I would like to serve on the alumni committee \_\_\_ Yes \_\_\_ No

I would like to be the class representative for the class of \_\_\_\_\_.

Questions / Comments/ Ideas/ Tell us about yourself--married, baby, job promotion, travel, etc. Please enclose pictures or you can email them to [office@ankenychristian.com](mailto:office@ankenychristian.com). Please include dates and any additional information you would like to share.

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I hereby give ACA permission to use my testimony in its publications or on the ACA web site.

\_\_\_\_\_ Yes (Please attach your testimony if you so desire.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have addresses for the following parents/students:

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Maiden Name:\_\_\_\_\_ Spouse Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone: \_\_\_\_\_

Year Graduated:\_\_\_\_\_ E-mail Address:\_\_\_\_\_

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First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Maiden Name:\_\_\_\_\_ Spouse Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone: \_\_\_\_\_

Year Graduated:\_\_\_\_\_ E-mail Address:\_\_\_\_\_

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Name: \_\_\_\_\_

\_\_\_\_\_ I will commit to pray for the Ankeny Christian Academy ministry.

\_\_\_\_\_ I would like to donate towards an ACA alumni fund to create a web page and plan future class reunions.

\_\_\_\_\_ \$25.00      \_\_\_\_\_ \$50.00      \_\_\_\_\_ \$100.00      \_\_\_\_\_ Other

Please return this form and your donation in the enclosed envelope. Please make checks payable to ACA. All donations are tax-deductible!