

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 would like the 2010 class reunion in the _____ fall _____ winter _____ spring _____ summer

Please circle - I would like the class reunion to have - a formal dinner, a luncheon, a picnic at a park,

Other _____.

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: _____

First Name: _____ Last Name: _____

Maiden Name: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Year Graduated: _____ E-mail Address: _____

Name: _____

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

_____ I would like to donate towards an ACA alumni fund to help 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!