



Atlanta Community Ministries
Seven Piedmont Center, Suite 420
3525 Piedmont Road, NE
Atlanta, GA 30305

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Enclosed is my check for ACM for \$_____.

Please charge my Visa/MC \$_____ as a contribution to ACM.

Card No. _____ Exp. Date (00/00) _____

Signed _____