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\$_____.

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Marla Schwartz Grant \$_____ **General Grants** \$_____

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Email Address_____

Check enclosed (Make checks payable to: AALL)

Credit Card Visa Mastercard American Express

Card Number_____ Exp. Date_____

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**Mail this form with contribution to: AALL, 105 W Adams St., Suite 3300,
Chicago, IL 60603**

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