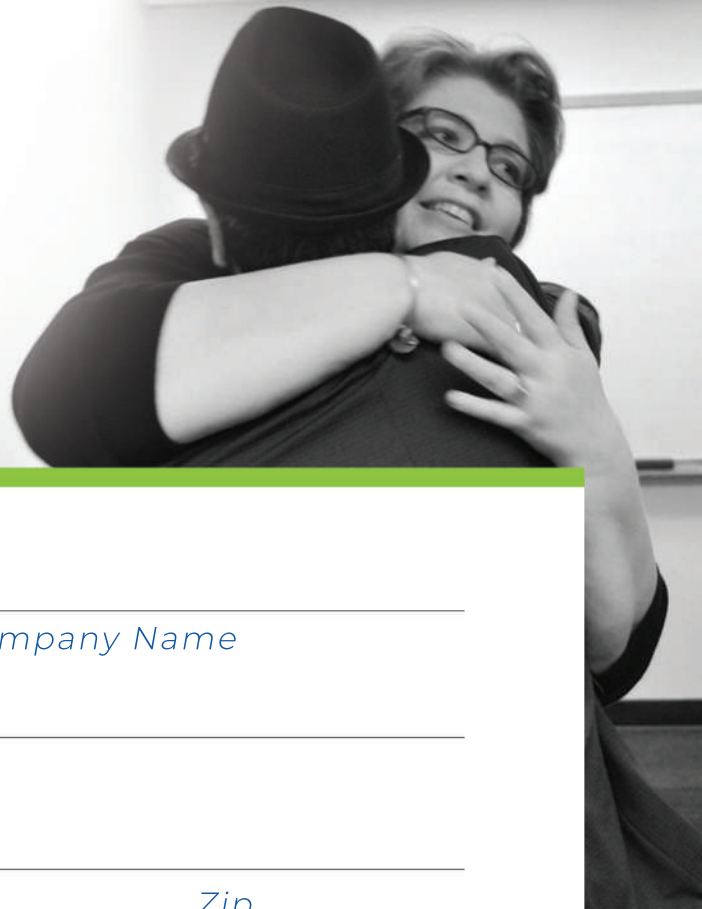


# Better together

## annual gala

*"I got my life back. I came to AACI and they helped me with everything."*  
-SADAF, AACI CLIENT



### IN-KIND PLEDGE FORM

---

*Name*

*Company Name*

---

*Street Address*

---

*City*

*State*

*Zip*

---

*Daytime Phone Number*

*E-mail Address*

### GIFT DETAILS

Yes, I wish to support Better Together 2018 through an in-kind donation:

\$

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*Estimated Value of Item(s)*

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*Summary Description of Donated Item(s)*

### RECOGNITION

Your support will receive named recognition on Better Together materials. Please indicate the correct way to acknowledge your name or company:

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*Requested Recognition*

Send Donation With This Form To:  
AACI  
2400 Moorpark Ave. Suite 300  
San Jose, CA 95128  
Attn: Resource Development

Or Contact Us To Arrange For  
Pick Up:

(408) 975-2730 ext. 477  
Katherine.wang@aaci.org