

Mail To: Fairfax County Public Schools, ADULT & COMMUNITY EDUCATION

Dept. A, 6815 Edsall Road, Springfield, VA 22151 OR Fax To: 703-658-1275

1st Choice		2nd Choice	Start	Start	Course Title	Tuition Fee	Text Fees	User Fee	Total Fees
Course No.	Section No.	Section No.	Date	Time					

- Male
 Female

I'd like to make a tax-deductible donation to the ACE Scholarship Fund to provide low-income adults with employability training and educational opportunities. I have added \$_____ to my total amount.

- I am a First-Time Registrant
 Check if change of address

Birth Date Required for Senior Citizen Discount:

ACE Participant ID Number

Month / Day / Year

SUBTOTAL:	\$
Fairfax County Senior Discount:	-
ACE Scholarship Fund:	+
TOTAL (Pay this amount):	\$

First Name MI Last Name

Street Address Apt # City State Zip Code

Home Phone Business Phone E-Mail Address

Payment Method (check one):

- MasterCard VISA Check

Print Cardholder's Name: Please print name clearly as it appears on the credit card

Card#

Cardholder's Signature: I agree to pay the total amount according to card issuer agreement

Expiration Date (Month) (Year)

Cardholder's Address/Phone Number (if different from above):
OnCourse V2.20P March 2007

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