



APSA of Illinois SCHOLARSHIP PROGRAM

Yes, I would like to contribute to the future of our Industry. Please accept my contribution to the APSA of Illinois Scholarship Program.

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I have enclosed a check in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

For your convenience, we accept the following credit cards

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Please return to:

APSA of Illinois
6450 South 6th Street Road
Springfield, IL 62712-6818