



204 N. El Camino Real, Suite 430 - Encinitas, CA 92024  
Tel. : (760) 230-2128 Fax: (760) 230-2149  
www.goaspire.org info@goaspire.org

## Donation and/or Pledge to ASPIRE

I, \_\_\_\_\_ am contributing

\$\_\_\_\_\_ (lump sum) towards ASPIRE’s mission of enrolling candidates to the Bravehearts Program in year .....

\$\_\_\_\_\_ monthly pledge for 10 months (from January to October of year.....) to ASPIRE to use in its mission of enrolling three candidates to the Bravehearts Program in 2009.

Cash

Check

Credit Card (mark one)      Visa              MC              AE              Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code (Code in the back): \_\_\_\_\_

My Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Make your checks to ASPIRE, Inc.

**Please have all contributions or pledges form mail or fax to:**

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*ASPIRE is a 501(c)(3) non-profit organization*