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CONTRIBUTION FORM

Please complete this form and turn it in

I,, would like to contribute to ASPIRE's cause and mission to make a difference in the lives of young adults by:

Donating:

\$25 \$50 \$75 \$100 \$150 \$200 \$350 \$500 Other \$ _____

I would like to pay with check I would like to pay cash I would like to pay with credit card

Visa Master Card American Express Discover

Name on the card: _____

Card Number: _____ - _____ - _____ - _____

Expiration date: ____/____ Code on the back of the card: _____

Credit card billing address: _____

City: _____ State: _____ Zip Code: _____

Card holder signature: _____ Date: _____

Introducing ASPIRE to businesses & corporations for donations or fundraising

Hosting fundraising events for ASPIRE

You can contact me via:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Phone: _____

Assisting and volunteering in ASPIRE fundraising events

I would you like to receive the ASPIRE monthly newsletter

My E-mail address is: _____

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