

PLEASE TAKE THIS OPPORTUNITY TO JOIN THE
ASHE SERVICES FOR AGING FOUNDATION

Name _____

Address _____

Phone _____

Amount Donated \$ _____

I wish to make a donation in memory of:

Check Enclosed

I wish to make a donation in honor of:

Remind me _____

date

I do not wish my contribution to be publicized

I am interested in becoming a volunteer

- | | | |
|--------------------------|------------|-----------------|
| <input type="checkbox"/> | Supporter | \$15-\$24 |
| <input type="checkbox"/> | Associate | \$25-\$49 |
| <input type="checkbox"/> | Patron | \$50-\$99 |
| <input type="checkbox"/> | Sponsor | \$100-\$249 |
| <input type="checkbox"/> | Sustainer | \$250-\$499 |
| <input type="checkbox"/> | Champion | \$500-\$999 |
| <input type="checkbox"/> | Leader | \$1,000-\$2,499 |
| <input type="checkbox"/> | Ambassador | \$2500 + |

Please make checks payable to:

ASA FOUNDATION, INC.

180 ChattyRob Lane

West Jefferson, NC 28694

YOUR TAX DEDUCTIBLE CONTRIBUTION SUPPORTS ELDERLY AND DISABLED ADULTS IN ASHE COUNTY

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