



AMERICAN SPORTS INSTITUTE®

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1. CONTACT INFORMATION

First Name Last Name Company/Organization *(if applicable)*

Address 1 Address 2

City State Province/Region Zip/Postal Code

or

Country Phone E-mail Address

2. DONATION

My donation is in support of:

I am: enclosing a check to: American Sports Institute. providing my credit/debit card information below.

I am making a: one-time donation. recurring donation every

Donation Amount: \$25 \$50 \$250 \$1,000

\$40 \$100 \$500 Other \$

I work for: My spouse/partner works for:
a company that will match my/our gift. I will submit the appropriate paperwork to you.

3. CREDIT/DEBIT CARD INFORMATION

IMPORTANT NOTE: To process your donation with a credit/debit card, the complete address listed above in CONTACT INFORMATION (Address 1, City, State or Province/Region, Zip/Postal Code) must be the billing address for the card.

Name on Card

Card Number

Expiration Date

Security Code

Signature

Date

*The American Sports Institute does not share your personal information with third parties. See our Privacy Policy.
Again, thank you for your donation.*