



360 Scholarship Donation Form

Offline Donation Form

First name: _____

Last name: _____

Address Line 1: _____

Address line 2: _____

City: _____

State: _____ Zip: _____ Email address: _____

Select donation agreement below:

___ \$30 a month via check.

___ \$90 a quarter via check.

___ \$360 or more annually via check.

___ One time amount of \$_____ via check.

I agree that I will be responsible to following through with my 360 donation commitment for one (1) year and will mail my personal check every (Select below):*

___ MONTH

___ QUARTER

___ ANNUAL

___ ONE-TIME

Signature: _____ Date: _____

Please make your donation check out to "360 Scholarship Donation" and mail it along with this form (monthly, quarterly or annually) to:

Manasota ASALH, Inc.
P.O. Box 2356 SARASOTA, FL 34230 US

THANK YOU FOR YOUR SUPPORT!

*Please note that ASALH will not be able to send reminders.