

## August Science Academy Monthly Sponsorship Application

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**I wish to donate...**

**Monthly** \_\_\_\_\_

**Yearly** \_\_\_\_\_

**Donation amount per draft will be** \_\_\_\_\_.

**Start date of draft amount will be** \_\_\_\_\_.

**End date of draft will be...**

**TBD** \_\_\_\_\_.

**Specified date** \_\_\_\_\_.

To adjust amount of monthly or yearly donations please call John Edry ASA school treasurer at 706-664-4257.

Void check attached here