

## INDIVIDUAL/SOLE PROPRIETORSHIP FORM

**Please, confirm the amount of the enclosed contribution**

Individual/Sole Proprietorship

Amount enclosed: \_\_\_\_\_

**Please, select the preferred method of your contribution:**

Check (payable to Ashburn Institute)

Money Order (payable to Ashburn Institute)

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_

Visa            MasterCard            Other

**Please send us more information about how we can help**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_ Fax:(\_\_\_\_\_)\_\_\_\_\_

E-mail:\_\_\_\_\_