

When making a donation to **District** please use this form.

Date \_\_\_\_\_ Donation \$ \_\_\_\_\_ Group Name \_\_\_\_\_ Group ID# \_\_\_\_\_

Group Contact Information: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Make Check Payable and Send to: AISPC

P.O. Box 1511, Largo FL 33779

\*\*\*\*\* cut here \*\*\*\*\*

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