



Team Ashtyn Foundation

“Offering small magical moments that make BIG differences for kids with cancer”

Contribution Form

I, _____, agree to contribute the following amount to the **Team Ashtyn Foundation**.

_____ I will make a one time lump sum contribution.

_____ I will divide my contribution quarterly on the first day of January, April, July & October.

_____ I will divide my contribution semi-annually on the first day of January and July.

_____ I will divide my contribution monthly on the first day of each month for 12 months.

_____ I prefer to divide my contribution as follows: _____

Total Contribution: \$ _____

Amount Enclosed: \$ _____

Balance Amount: \$ _____

Contribution Information: (Please Print)

Your Name: _____ Contribution Listed As: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Helping families at diagnosis,

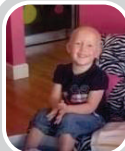
during treatment

and after...

Treatment



Diagnosis



After



Please make checks payable to **Team Ashtyn Foundation**.

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