

DONOR INFORMATION

PLEASE LIST ME/MY COMPANY IN THE PROGRAM AS (print clearly):

CONTACT NAME

ADDRESS

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

PAYMENT INFORMATION:

ENCLOSED IS MY CHECK PAYABLE TO "ASIAN BUSINESS ASSOCIATION" IN THE AMOUNT OF \$_____

PLEASE CHARGE MY CREDIT CARD \$_____:

Visa MasterCard American Express

CARD NUMBER

EXP. DATE _____ CID _____ BILLING ZIP CODE _____

AUTHORIZED SIGNATURE

**THANK YOU FOR YOUR CONSIDERATION AND CONTINUED SUPPORT OF
DEVELOPING BUSINESS LEADERS IN THE SAN DIEGO COMMUNITY!**