



## BECOME A MEMBER OF THE ASCI GIVING SOCIETY

Please fill out the form below and return with your check made out to Asheville Sister Cities, Inc. to:

Asheville Sister Cities, Inc.  
PO Box 2214  
Asheville, NC 28802

A letter acknowledging your Society membership donation will be sent upon receipt of your information and check. Thank you for helping to ensure that the ASCI Mission is fulfilled by helping to provide opportunities and scholarships!

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

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

Past/current ASCI involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes, I would like to be involved as a Member of this giving society.

My check is included for following amount:

\$100 per person x \_\_\_\_\_ = \$ \_\_\_\_\_ (total amount enclosed)