

Donation Form

Please consider making a tax-deductible donation at a level comfortable for you! Complete this form and return it to ASA office staff or email to: foundation@simmental.org.

1.	Enter Donation Amount: §	
	☐ Proceeds of Sale of Animal (all or partial)	
2.	Select the program you wish to support*:	
	☐ Research, Technology & Science — General	
	 □ Feed Intake Project □ Walton-Berry Graduate Support Grant □ Sally Buxkemper Memorial — Genetic Evaluation DNA Testing 	
	☐ Education, Scholarships — General ☐ Fall Educational Symposium ☐ Steer Profitability Competition	
	☐ Youth Programs — General ☐ AJSA Canadian Exchange Program ☐ National Classic Facility Support ☐ Merit Awards ☐ Regional Classic (specify region) ☐ South Central Regional Classic ☐ North Central Regional Classic ☐ Eastern Regional Classic ☐ Western Regional Classic	
	☐ Unspecified — General Fund Unspecified funds will go towards the programs with the greatest need.	
ne	becking only the general category will apply funds where most eded within the selected category. Selecting a specific program project will designate funds for that specific use only.	
3.	Select your payment method: Check one: Cash Check (made payable to ASA Foundation) Credit Card	

Please complete the following information so we

*	r contribution to the Foundation.
Your Name / Compar	ny*:
	inted in program and on other event publication see print first and last name.
Contact person:	
Address:	
State	Zip:
Phone:	Zip
Fax:	
E-mail:	
Please add me to the man (check all that apply):	ailing list! I'm interested in
☐ Research ☐ Edu	cation
☐ I'd like to be contacted	ed for future donations.
5. Credit Card Au	thorization Information:
Name (as it appears on	card):
Billing Address:	
State:	Zip:
Credit Card Number:	
Exp: /	CVV:
Signature:	(1001)
015111111111111	