

Date

## Azalea Society of America Research Fund

### Donation

Is this donation on behalf of an individual or an organization?

Individual Name:

OR

Organization Name:

Address:

City:

State

ZIP

Phone

Email

Special Comments or recognition notes:

Donation Amount:     \$25.00     \$50.00     \$100.00     \$250.00     \$500.00  
                         \$1,000     Other amount

May we use your name in our Recognition Program?

Yes

No (anonymous)

Mail this form and your check, payable to ASA-ARF, to:

Azalea Research Fund

Hale Booth

7085 Sawyer Road

Signal Mountain, TN 37377