



The
Ascension Fund
Promoting Academic Excellence

Tribute Donation Form

Simply complete this form and send via mail or email to:

The Ascension Fund
P.O. Box 1420
Gonzales, LA 70707

Donor Information:

Name: _____

Corporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Donation Amount: _____

Tribute Information:

In honor of: _____

In memory of: _____

Tribute Message:

Send acknowledgement to:

Recipient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Payment Methods:

Check # _____ enclosed (Made payable to The Ascension Fund)

Please charge \$ _____ to my credit card

(3% Processing fee will be added to the total for credit card donations)

Credit Card Type: Visa MasterCard Discover American Express

Name on Card: _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____ Billing Zip: _____

Signature: _____

For more information contact **Jennifer deFrances**

By phone at **225.290.3322**

Or by email at **jdefrances@ascensionfund.com**