

ASHRAE RP: Comprehensive Summary Form

Use this form for new donors or donors with new contact information.

Please complete the information for each donation and send with payment.

Please check one: () Personal Contribution () Company Contribution Check # _____ Donation Amount: \$ _____

Charge the gift to: () Visa () MasterCard () American Express Credit Card # _____ Exp _____

Name: _____ Member/Contributor #: _____

Company: _____ Phone: _____

Address: _____

City/State/Zip _____ Chapter to credit: _____

Apply Donation to: () Research () Learning Institute () Foundation – Endowed Fund () YEA () Scholarship
Endowed Fund or Scholarship, if selected: _____

Other Notes: _____

Please complete the information for each donation and send with payment.

Please check one: () Personal Contribution () Company Contribution Check # _____ Donation Amount: \$ _____

Charge the gift to: () Visa () MasterCard () American Express Credit Card # _____ Exp _____

Name: _____ Member/Contributor #: _____

Company: _____ Phone: _____

Address: _____

City/State/Zip _____ Chapter to credit: _____

Apply Donation to: () Research () Learning Institute () Foundation – Endowed Fund () YEA () Scholarship
Endowed Fund or Scholarship, if selected: _____

Other Notes: _____

Please complete the information for each donation and send with payment.

Please check one: () Personal Contribution () Company Contribution Check # _____ Donation Amount: \$ _____

Charge the gift to: () Visa () MasterCard () American Express Credit Card # _____ Exp _____

Name: _____ Member/Contributor #: _____

Company: _____ Phone: _____

Address: _____

City/State/Zip _____ Chapter to credit: _____

Apply Donation to: () Research () Learning Institute () Foundation – Endowed Fund () YEA () Scholarship
Endowed Fund or Scholarship, if selected: _____

Other Notes: _____

Please send this form, along with all checks to:
ASHRAE RP, 180 Technology Parkway, Peachtree Corners, GA 30092