FIGHT AIDS SAVE TAXES.com

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INTEREST LEVEL

1) ☐ Yes, I would like to DONATE!

2) ☐ Yes, I would like to DONATE, however, I have a few questions that need to be answered first:
Best number to contact me at: (_____) _____
Best time to contact me: _____ AM/PM

3) ☐ I would be interested in being a F.A.S.T. AMBASSADOR

4) ☐ Not Interested Name: _____
Referring Ambassador: _____

Please Print Clearly

Who Is Your Referring Ambassador? _____

How did you hear about F.A.S.T.? _____

NAME: _____ _____
FIRST LAST

ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

DAYTIME PHONE: (_____) _____

EVENING PHONE: (_____) _____

EMAIL ADDRESS: _____