

NYASTA DONATION FORM



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Name: _____

(please print name exactly as you wish it to be listed in NYASTA publications and the NYASTA website. If you wish to remain anonymous, please state so.)

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to: "**NYASTA**".

Enclosed is my donation in the amount of: \$ _____

I would like my contribution to go towards the following:

_____ General Fund _____ String Institute

To ensure proper program listing please mail to the address below.

NYASTA Donations
101 Chenault Drive
Syracuse, NY 13224
Phone: 1-866-450-7935
Fax: 1-866-450-7935
E-mail: institute@nyasta.com

