



AMERICAN SCHOOL BUS COUNCIL™

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Partnership Program Sign-Up Form

FRIENDS OF THE COUNCIL

I WANT TO SUPPORT THE MISSION OF THE AMERICAN SCHOOL BUS COUNCIL.

Name: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Amount Pledged: \$ _____

PAYMENT

I have enclosed a check.

I would like to pay by credit card. (Visa, Master Card, and American Express accepted.)

Name on Card: _____

Card Number: _____ Expiration Date: _____

Billing Address: _____ City/State/Zip: _____

Security Code: _____ Phone Number: _____

Please fax your form to: 703-684-3212

Or Mail it to: American School Bus Council
c/o National School Transportation Association
113 South West Street, 4th Floor
Alexandria, VA 22314

Any questions? Please contact Bob Riley at (970) 871-1784 or email info@americanschoolbuscouncil.org.