

The Organization acknowledges that it participates in the America's Schools Program and that it gives permission for its name to be listed as a participating entity in the program. The purpose of this participation, as relates to ASP and AccessOne Consumer Health, Inc. is so that the Organization can receive proceeds from the sale of the ASP National Benefit Card and the ASP Lifestyle Card. Proceeds paid to or on behalf of the entity will be equal to 25% of the cost of the National Benefit Card or the Lifestyle Card.

Organization name: _____

Address: _____

Phone #: _____

Website: _____

Tax ID#: _____

Contact person: _____

Email: _____

Phone #: _____

Authorized signature on behalf of the Organization

Title

Name

Date

America's Schools Program
P.O. Box 236
Atwood, CA 92601

America's School Program Representative

ASP Rep Contact information