

DONOR INFORMATION

Date: _____

Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

GIFT DESIGNATION

Named Scholarship: Award in your name, your business name, or pay tribute to loved ones.
Recommended minimum \$750 award. Multi-year pledges are appreciated.

Scholarship Name: _____

Student Emergency Fund: Decrease number of students who drop out of college due to