



# FAMILY SCHOLAR HOUSE

I WISH TO MAKE A MONTHLY DONATION OF \$\_\_\_\_\_.

I WISH TO MAKE A ONE-TIME DONATION OF \$\_\_\_\_\_.

Please designate my gift for :

- |   |   |
|---|---|
| <input type="checkbox"/> Birthday Buddies               | <input type="checkbox"/> School Essentials                              |
| <input type="checkbox"/> Toddler Book Club              | <input type="checkbox"/> Healthy at Home                                |
| <input type="checkbox"/> Scrubs for Healthcare Scholars | <input type="checkbox"/> Please use my donation where it's needed most. |

Check enclosed

Please charge my credit card listed below

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Credit Card Authorization.

Card #: \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_

CVS Code: \_\_\_\_

Signature: \_\_\_\_\_

*All contributions are tax-deductible.*

My gift is made in honor of

\_\_\_\_\_.

My gift is made in memory of

\_\_\_\_\_.

Please send notification to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_