

AREA SCHOLARSHIP FUND - DONATION FORM

Type in the information requested, print and mail with your check to the AREA address shown

To: AREA
P.O. Box 380614
Duncanville, TX 75318-0614

From:

Telephone

This donation is (check one box below)

- | | |
|---|--------|
| <input type="checkbox"/> In Honor of | (Name) |
| <input type="checkbox"/> In Memory Of | (Name) |
| <input type="checkbox"/> An Annual Pledge* | |
| <input type="checkbox"/> Other | |

Send Card to:

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

Amount of donation (check enclosed)

\$

* I wish to pledge \$_____ each year to the AREA Scholarship Fund. My donation for the current year is enclosed.

Your donation will be acknowledged to both the donor and to the recipient or the survivor. All donations are income tax deductible.

DONOR NAME (Printed)

SIGNATURE

COMMENTS: