



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: _____