



I want to help open doors for students with a gift of:

- \$2000 \$1000 \$500 \$250 \$100
 Other Amount _____

Make My Gift: One-time Quarterly Monthly Other

Monthly donors help students year-round in an easy, cost-effective way!

Signature _____ Date _____

I authorize Scholarship America to process monthly contributions to my credit/debit card. My recurring donation will remain in effect until I give notification to terminate this authorization.

Tribute Information

This gift is in honor of in memory of

Name _____

Please send a notification card to:

Name _____

Address _____

City/State/Zip _____

- I have included Scholarship America in my estate plans. Please send me information on including Scholarship America in my estate plans.

Contact Information

Name _____

Company Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Scholarship America will not share your information. Your contact information allows us to share with you the impact of your gift.

Recognition Preference: Please print your name as you would like it to appear for recognition purposes. To opt out of recognition write **anonymous**.

Name _____

Designate my gift to the following fund:

- Area of Greatest Need Dream Award Scholarship Fund
 Emergency Grant Program Dr. Irving Fradkin Legacy Fund
 Barry Griswell Scholarship Fund Families of Freedom Scholarship Fund

Payment Information

My check is enclosed, payable to Scholarship America.

Charge my donation to:

- MasterCard Visa AMEX Discover

Name on Card _____

Card Number _____

Expiration _____ Security Code _____

Signature _____