SCHOLARSHIP AMERICA®

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

☐ $2000 ☐ $1000 ☐ $500 ☐ $250 ☐ $100

☐ Other Amount: _____

Make my gift:

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

☐ One-time ☐ Quarterly ☐ Monthly ☐ Other: _____

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.

SCHOLARSHIP AMERICA

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 ☐ Direct-to-Student Emergency Aid

☐ Dream Award 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: _____

Signature: _____