



SCHOLARSHIP FUND DONATION FORM

TO BE USED TO HONOR A DECEASED PERSON ONLY

_____ This DONATION to be placed in the MEMORIAL SCHOLARSHIP FUND

_____ This DONATION to be placed in the DEPARTMENT SCHOLARSHIP FUND

**IF NO SPECIFIC FUND REQUESTED ABOVE, DONATION WILL BE PLACED IN THE
MEMORIAL FUND!**

MEMORIAL CARD WILL BE SENT FOR DONATION TO EITHER FUND IN MEMORY
OF:

Next of Kin: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

UNIT TO BE CREDITED WITH MEMORIAL CONTRIBUTION *(IF INDIVIDUAL
MEMBER DONATION, DO NOT FILL OUT THIS SECTION)*

Unit Name/Number: _____

Address: _____

City: _____ State: _____ Zip: _____

AMOUNT OF DONATION: \$ _____