

WOMEN'S Education ALLIANCE

SUPPORTING CHILDREN | STRENGTHENING COMMUNITIES

DONOR FORM (to be mailed, faxed or sent by email)

SCHOLARSHIP OPTIONS:

- Star Pupil | \$1000** (one child/one year)
- Teacher's Helper | \$2,000** (one child/one year)
- Graduate | \$5,000** (one child/one year)
- School Chums | \$10,000** (one boy & one girl/one year)
- Classmates | \$25,000** (five children/one year)
- One Time Gift in the amount of \$_____** (any amount)
- I would also like to enroll in the Scholarship Preservation Program and extend my Scholarship Selection above for five (5) years for a total amount of \$_____**
(minimum annual amount \$1,000)

SCHOOL SUPPORT OPTION:

- One Time Gift in the amount of \$_____** (any amount)
- Extend my Gift for _____ years for a total amount of \$_____**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Check made payable to WEA

Credit Card:

VISA M/C DISCOVER AMEX

Credit Card # _____

Expiration Date _____

Signature _____

SEND THIS FORM (AND PAYMENT) TO:

Women's Education Alliance
c/o Bull & Associates
308 West Joppa Road
Towson, MD 21204

Or email to Dbull@bullandassociates.com.

Fax: (410) 494-9708

For information regarding payment by stock,
United Way #55938 or corporate match please contact
Betty Contino at bcontino@comcast.net
(410) 456-8228