



Scholarship Donation Form

Name _____

Business/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This gift is in Honor/Memory of: _____

Please notify: _____

Email or U.S. Address: _____

Donation Level

\$25 \$50 \$100 \$250 \$500 \$1,000 \$4,000* \$_____ Other

** \$4,000 covers a full year scholarship for 1 college student*

Payment

Enclosed is my check payable to **Guadalupe Center**

Please charge my credit card:

AMEX MasterCard Visa

Name on Card _____

Card Number _____

Exp. Date _____ Security Code _____

Signature _____

Acknowledgement

Please send my gift acknowledgement by email to save postage

Mail this form with check or payment information to:

Guadalupe Center
509 Hope Circle
Immokalee, FL 34142