**Let’s Go Over the Top!**

**STC-UCF Melissa Pellegrin Memorial Scholarship Donation Form**

Yes! I want to make a tax-deductible donation to help this important scholarship fund become self-sustaining.

My name\* is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*You may remain anonymous if you wish. See box at bottom of form.

My address (optional) is:

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My email address (optional) is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My donation amount is: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My method of payment is:

Cash (please bring to next chapter meeting)

Check (please enclose)

Credit/Debit Card (please provide information below)

Name of Card-Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_\_

\*We will redact all but the last 4 digits of this number as soon as we process the charge. It will not show in our files or on your receipt.

If your contribution is via check or charge card, please mail it to:

Treasurer, STC Orlando Chapter   
Post Office Box 540444  
Orlando, FL 32854-0444

Your e-mail or mailing address allows us to send you a receipt. Thank you for your donation!

May we recognize your generous gift in our monthly newsletter?

Yes, I’d be happy to be recognized in this way.

No, thank you; I would prefer to remain anonymous.