

## Donation form

I would like to contribute to the Bill Wright Scholarship Fund.

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Donation: \$100  \$50  \$25  \$10  Other \$\_\_\_\_\_

CHECK #: \_\_\_\_\_

Please check here if you prefer to remain anonymous:

**My donation is enclosed.**