

corpus christi Emerald Commitment Form

EMERALD
\$7,500

DONATION AMOUNT: \$ _____

100% OF FUNDS DONATED WILL BE APPLIED TO STUDENT SCHOLARSHIPS.

PAYMENT ENCLOSED INVOICE ME WILL PAY ONLINE PAYMENT TO FOLLOW

MAJOR OPTION

1ST CHOICE: _____

2ND CHOICE: _____

OPT OUT, FUND AS NEEDED

ADVERTISING OPTION

COMPANY FACEBOOK PROFILE: facebook.com/	COMPANY INSTAGRAM HANDLE: @	COMPANY TWITTER HANDLE: @
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PLEASE DO NOT INCLUDE US IN ANY ADVERTISING OR RECOGNITION.

CONTACT INFORMATION

NAME OF COMPANY <i>PLEASE LIST NAME AS YOU WOULD LIKE IT TO APPEAR IN ALL RECOGNITION</i>	
CONTACT PERSON	TITLE
PHONE NUMBER	EMAIL ADDRESS

BILLING ADDRESS PLEASE PRINT
RECEIPT FOR DONATION WILL BE SENT TO THIS ADDRESS.

ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT FROM BILLING. PLEASE PRINT

ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP CODE

AUTHORIZATION

AUTHORIZED NAME

AUTHORIZED SIGNATURE

DATE

MAIL

STARS SCHOLARSHIP FUND
3900 N MCCOLL RD.
MCALLEN, TEXAS 78501-9160

PAY ONLINE

www.starsscholarship.org/payinvoice

PLEASE SUBMIT THIS FORM AND CONTRIBUTION BY JUNE 11, 2021