

laredo Crown of Jewels Commitment Form

**CROWN OF
JEWELS**
\$10,000

DONATION AMOUNT: \$ _____

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

PAYMENT ENCLOSED INVOICE ME WILL PAY ONLINE PAYMENT TO FOLLOW

MATCHING PROGRAM OPTION

MAJOR OPTION

1ST CHOICE: _____

1ST CHOICE: _____

2ND CHOICE: _____

2ND CHOICE: _____

OPT OUT, FUND AS NEEDED

OPT OUT, FUND AS NEEDED

ADVERTISING OPTION

COMPANY FACEBOOK PROFILE:

facebook.com/

COMPANY INSTAGRAM HANDLE:

@

COMPANY TWITTER HANDLE:

@

EMAIL COMPANY LOGO TO LAURA.ESCAMILLA@STARSSCHOLARSHIP.ORG

PLEASE DO NOT INCLUDE US IN ANY ADVERTISING OR RECOGNITION.

CONTACT INFORMATION

NAME OF COMPANY *PLEASE LIST NAME AS YOU WOULD LIKE IT TO APPEAR IN ALL RECOGNITION*

OPT OUT AWARD LETTER RECOGNITION

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