

# Donation Form

DONATION AMOUNT: \$ \_\_\_\_\_

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

PAYMENT ENCLOSED     INVOICE ME     WILL PAY ONLINE     PAYMENT TO FOLLOW

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## 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](http://www.starsscholarship.org/payinvoice)

PLEASE SUBMIT THIS FORM AND CONTRIBUTION BY JUNE 11, 2021

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