

Donation Form



DONATION AMOUNT: \$ _____

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

THIS DONATION IS MADE

- IN HONOR OF
 IN MEMORY OF

HONOREE NAME

First Name

Last Name

CONTACT INFORMATION

NAME OF COMPANY	
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

CHECKS SHOULD BE MADE PAYABLE TO:
STARS SCHOLARSHIP FUND
EIN: 43-1977563

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