**CHARLOTTE ELLIS SCHOLARSHIP TRUST FUND DONATION FORM**

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**DONOR INFO:**

|  |  |
| --- | --- |
| BUSINESS NAME:  | NAME (FIRST, LAST):  |
| ADDRESS:  | EMAIL: |
| PHONE (CELL, HOME):  | PERFERRED METHOD OF CONTACT (CIRCLE ONE): (EMAIL) (CELL) (HOME) |

**DONATION DESCRIPTION:**

|  |
| --- |
| FORM OF DONATION (CIRCLE ONE): CASH CHECK  |
| AMOUNT/DESCRIPTION: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ADDITIONAL COMMENTS:  |

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Board Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Return Application Mailing Address:
 Deadline: May 1, 2019** Charlotte Ellis Scholarship Trust Fund

Attention: Scholarship Committee

235 Tracy Ave North

Port Orchard, WA 98366