



Donation Form

Instructions:

1. Fill in the information requested.
2. Attach a check for the amount of your donation.
3. Mail to the address below for a tax receipt reference.

You will be sent an acknowledgment once your gift has been received.

Donor Information

Name:

Street Address:

City, State, Zip Code:

Phone (optional):

Email:

Donation Information

Donation Amount:

Use the following name(s) in all acknowledgements:

Please have this gift remain anonymous.

Signature:

Date:

Please make checks payable to:

Mader Scholarship Fund

Mail to:

Linda West Brown
P.O. Box 3118
La Habra, CA 90632