

## **Scholarship Donation Form**



## **Donor Information:**

First Name:	Last Name:	
Address:	City:	ST: Zip code:
Email:	Telephone:	
(A donation thank you will be mailed to	the above address)	
Donation Information:		
Enclosed is my check in the following am for the Democratic Women of Erie Coun	ty Dorothy Deering Mem	orial Scholarship.
Donation to be made:		
Please check if this donation is:		
General Donation:	In Honor of $\square$	In Memory of $\Box$
Information for donations made I	n Honor of (or) In Me	mory of:
Print Name:		
Relationship:		(EX: Grandmother)
U.S. Military Branch:		
Elected Position:		(Including Union Officers)
Please mail the completed form with you Democratic Women of Erie County (DWI		_

Thank you for your donation to the DWEC Scholarship Fund.

100% of your donation will directly help provide funding for an Erie County female resident to attend an accredited institution of higher learning.