



North Carolina Cottey College Scholarship Fund (NCCCSF) ONE-TIME NAMED SCHOLARSHIP

DONATION FORM FOR LOCAL CHAPTER OR INDIVIDUAL DONOR

The **North Carolina Cottey College Scholarship Fund (NCCCSF)** is established for the purpose of helping female residents of North Carolina pursue their education at Cottey College. The Fund is maintained entirely by voluntary donation gifts from individuals, chapters, and by bequests.

A One-Time Named NC Cottey College Scholarship is another way chapters or individuals can support the NCCCSF mission of educating NC women attending Cottey College by contributing to or creating a scholarship in honor or memory of an individual. A total of \$6000 must be received by January 31 to create a One-Time Named Scholarship as of 2021-2022.

For further information, please contact the NC Cottey College Scholarship Fund Board of Trustees Chair at ncccsf@peonc.org Additional information can be found at <https://members.peonc.org/projects/ncccsf/>

Please **LOCAL CHAPTER DONATION**
specify: OR **INDIVIDUAL DONATION**

North Carolina Cottey College Scholarship Fund (NCCCSF)*	Amount of Donation	Important Information
*NCCCSF is a 501(c)(3) organization. No goods or services were received in exchange for this donation.	\$	Check must be received by the NC Asst Treasurer by Jan. 31.

This gift is made in (check one): <input type="checkbox"/> Honor <input type="checkbox"/> Memory	Name of individual to be honored/memorialized: _____
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Please indicate below to whom a notification of this honorarium/memorial should be sent (i.e., honoree, family member, etc.):	
Name:	Relationship:
Street Address:	
City/State/Zip:	

MAKE A <u>SEPARATE</u> CHECK PAYABLE TO: <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 5px;">NCCCSF</div>	MAIL TO: Diane Vezmar, NC Asst Treasurer 524 N. Kalamazoo Ave. Marshall MI 49068
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If this donation is submitted by an individual please provide your contact information so that a tax donation acknowledgement may be sent. NOTE: A donation is only tax-deductible if submitted by an individual.	
Name:	
Street Address:	
City/State/Zip:	

This form was prepared by:	Name:
Phone:	Email: