



Scholarship Donation / Pledge Form

Donor Information (Please print or type)

Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Option 1: DONATE NOW

I (we) would like to make a Donation to the Tensas Reunion Scholarship Fund in the amount of: \$_____ My check / money order is enclosed.

Option 2: PLEDGE TO BE A REGULAR DONOR

I (we) pledge to make ongoing donations to the Tensas Reunion Scholarship Fund in the amount of \$_____ Pledge month_____

to be paid (circle one) **Monthly** **Quarterly** **Yearly**

Note: Please indicate your pledge month(s). Pledges due by 15th of that month.

Signature(s): _____ Date: _____

_____ Date: _____

Please make checks, payable to: Tensas Reunion Scholarship Fund
C/O Albert Rowe, Board Treasurer
10631 N. Park Avenue
Baton Rouge, LA 70811