



ARCS® FOUNDATION, INC., PHOENIX CHAPTER DONATION FORM

I wish to pledge/contribute to the Scholar Awards Fund as follows:

- | | | |
|--------------------------|---------------------|-------------------------------------|
| <input type="checkbox"/> | Honorary Doctorate | \$100,000 – Endowment in Perpetuity |
| <input type="checkbox"/> | Summa Cum Laude | \$7,000 – Named Scholar Award |
| <input type="checkbox"/> | Magna Cum Laude | \$5,000 |
| <input type="checkbox"/> | Cum Laude | \$3,000 |
| <input type="checkbox"/> | With Distinction | \$2,000 |
| <input type="checkbox"/> | With Highest Honors | \$1,000 |
| <input type="checkbox"/> | With Honors | \$500 |
| <input type="checkbox"/> | Graduate | \$300 |
| <input type="checkbox"/> | Friends of Arcs | \$299 and under |

Honorary and Memorial Gift

I would like my gift to be: in honor of in memory of (please list name on line below)

I would like my gift to be directed to: Designated Endowment General Endowment

Endowment Special Instructions: _____

Please notify the following person(s) of my donation: _____

Address: _____

Remittance Information

I am enclosing a check payable to ARCS Foundation Phoenix Chapter in the amount of \$_____.

Please charge my: Visa MasterCard in the amount of \$_____.

Name on Card: _____

Account Number: _____

Exp.

Date: _____

Billing Address: _____

Please check here if you would like your gift to be in the form of stock and we will contact you.

Donor Information

Name: _____

Address: _____

Phone: ()

Fax: ()

Name to be listed: _____