



2019 SCHOLARSHIP PLEDGE & DONATION FORM

Thank you for your support!

DONOR INFORMATION

NAME:	
BILLING ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBER:	
EMAIL:	

Please accept the following donation of \$ _____ to the Hispanic Women's Network of Texas – Fort Worth Chapter. (All donations are tax deductible.)

I would like to allocate my donation to the following area(s):

- \$ _____ GENERAL SCHOLARSHIP FUND FOR **LATINAS IN PROGRESS® (LIP)** STUDENTS
- \$ _____ SCHOLARSHIP IN HONOR OF _____'S NAME FOR **LIP** STUDENTS*
- \$ _____ SCHOLARSHIP IN MEMORY OF _____'S NAME FOR **LIP** STUDENTS*
- \$ _____ **TOTAL DONATION**

PAYMENT INFORMATION

I wish to make this donation in the form of: Credit Card Check (preferred) Cash

CREDIT CARD TYPE: Visa or MasterCard only	
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
SECURITY CODE:	
AUTHORIZED SIGNATURE:	
DATE:	

While we can accept payments via credit card if necessary, payment by check will maximize the benefit to our students by avoiding credit card processing fees.

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements: _____
 _____ I (We) wish to remain anonymous.

CONTACT INFORMATION - Please return this form to:

HWNT-Fort Worth Chapter, P.O. Box 1523, Fort Worth, TX 76101
 Attention: Wilma Lopez, Scholarship Chair
 Questions? Call Wilma Lopez at 817-821-3031

*Donations of \$500 will be considered for matching by HWNT, pending resource availability. See Guidelines for additional information.