

## Scholarship/Donation Type

- Half Scholarship** - \$25/month for ten months (total of \$250)
- Full Scholarship** - \$50/month for ten months (total of \$500)
- Donation** - I would like to make a donation of \$ \_\_\_\_\_
- Corporate Sponsorship** - A company or organization can support a group of children or an entire classroom. We will assist you in developing a program for corporate matching or paycheck withholdings. Please call for more information (801) 319-4021

## Payment type

- Check
  - Credit card (circle type):      Visa      AmEx      MasterCard
- Name on card: \_\_\_\_\_
- Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## Contact Information

Name of sponsoring individual, family, or group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

eMail: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_