

# SAARTA Scholarship Fund Donor Record

**DONOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**AMOUNT OF** \_\_\_\_\_ \$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100  
OTHER: \$ \_\_\_\_\_

**OCCASION: CHECK ONE:**

Memorial \_\_\_\_\_ Anniversary \_\_\_\_\_ Birthday \_\_\_\_\_ Appreciation \_\_\_\_\_

Other: \_\_\_\_\_

**(Optional) To Honor or in Memory of:** \_\_\_\_\_

**(Optional) Acknowledgement to be sent to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make check payable to **SAISD Foundation** and write **“SAARTA Scholarship Fund”** in the memo line.

**Mail to:**

Ann Sefcik, Scholarship Chair  
6 Bridgenorth Lane  
San Antonio, TX 78218-6956

***The Scholarship Committee appreciates your support!***