

SCHOLARSHIP DONATION FORM

_____ I have/I will donate through the NYSFAAA Website. (Please complete the contact information below for recognition in the Scholarship Luncheon Brochure)

Enclosed is a donation to the NYSFAAA Scholarship Fund in the amount of:

\$_____.

Please make all checks payable to the NYSFAAA Scholarship Fund. School
 Corporate
 Personal

Contact Person
Name: _____

Title: _____

Organization: _____

Phone: _____

Please indicate exactly how you or your organization wishes to be included on the donor list, if different from above:

Please return to: Debra Evans, Co-Chair
NYSFAAA Scholarship Committee
Office of Student Financial Services
Adelphi University
1 South Ave., Levermore Hall
Garden City, NY 11530

CONTRIBUTION LEVELS

Extraordinary Donors	\$ 2,000 and above
Exceptional Donors	\$ 1,000 to \$ 1,999
Significant Donors	\$ 300 to \$ 999
Gracious Donors	\$ 50 to \$ 299
Donors	\$ 49 or less