

2024



SCHOLARSHIP LUNCHEON

MCHF Scholarship Luncheon Sponsor Form

Contact Name:
Contact Phone:

Sponsor Information (Please Print)

CONTACT NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE:

ALT PHONE:

FAX:

ALTERNATE CONTACT NAME & NUMBER

Sponsor Level (Please Check)

Florence Nightingale (\$1,500)		Clara Barton (\$1,000)		Mary Ferris (\$500)		Rob Bates (\$250)	
OTHER AMOUNT:		OTHER DESCRIPTION					

Desired Payment (Please Check)

CASH	CHECK	INVOICE ME	CREDIT CARD
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Credit Card Info:

Name on Card	Card #	Exp	CCS#
Billing Address	City	State	Zip

Acknowledgements:

	I/We wish to have our gift remain anonymous (or)
	Please use the following name(s) in all acknowledgements:

SIGNATURE

DATE

Please make checks, corporate matches, or other gifts payable to:
 Moore County Health Foundation, PO Box 782, Dumas, TX, 79029, phone (806) 934-7852, e-mail mchf@mchd.net, Tax ID #75-2687992

The Moore County Health Foundation thanks you for your support!