

# Medical Skills for Life Scholarship Fund



## Donation Form

Donor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

I would like to support the Scholarship Fund as a/an:

- |   |  |
|---|--|
| <input type="checkbox"/> Benefactor (\$25,000 and above)                | <input type="checkbox"/> Silver Founder (\$250 to \$499) |
| <input type="checkbox"/> Leadership Circle Donor (\$10,000 to \$24,999) | <input type="checkbox"/> Bronze Founder (\$150 to \$249) |
| <input type="checkbox"/> Pacesetter (\$5,000 to \$9,999)                | <input type="checkbox"/> Founder (\$100 to \$149)        |
| <input type="checkbox"/> Patron (\$2,500 to \$4,999)                    | <input type="checkbox"/> Associate (\$50 to \$99)        |
| <input type="checkbox"/> President's Circle Donor (\$1,000 to \$2,499)  | <input type="checkbox"/> Contributor (\$25 to \$49)      |
| <input type="checkbox"/> Gold Founder (\$500 to \$999)                  | <input type="checkbox"/> Other \$ _____                  |

Amount Enclosed \$ \_\_\_\_\_

Is this gift in honor or memory of someone?

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please send an acknowledgement card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Credit Card for \$ \_\_\_\_\_

Visa  Mastercard  Discover  American Express

Name as it appears on card \_\_\_\_\_

Credit Card # \_\_\_\_\_

"V" Code (last 3-4 digits on back of card) \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Check Enclosed for \$ \_\_\_\_\_

payable to "Medical Skills for life

Scholarship Fund" Check # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Matching Funds from my Employer

Matching Amount \$ \_\_\_\_\_

Employer \_\_\_\_\_

Please mail this form with your contribution to: Medical Skills for Life Scholarship Fund,  
7720 West Sahara Ave, #103, Las Vegas, NV, 89117