



Shree Lalchuda Kadva Patidar Samaj

1118 Summit Ave, Greensboro, NC 27405

SCHOLARSHIP PROGRAM FUND FORM

Donor Information (Please Print or Type)

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Life Time Member: Yes No

Pledge Information:

I (we) Pledge a Total \$ _____ for _____ Years

I (we) plan to make this contribution in the form of: Cash Check

Acknowledgement Information

I by my signature below acknowledge this donation for SLKPS SCHOLARSHIP PROGRAM

Signature(s)

Date:

Please make check payable to:

SLKPS
1118 Summit Ave.
Greensboro, NC 27405