

HENDRICK SCHOLARSHIP FOUNDATION

I would like to make monthly gifts.

\$50 \$100 \$200 Other amount \$ _____

I want to make a one time gift of \$ _____

PAYMENT METHOD

Check

Credit Card

VISA

MASTERCARD

Card number: _____ Exp.Date _____

Include 3 digit CVC code (on back of credit card) _____

Signature _____

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NAME (print)

STREET ADDRESS

CITY, STATE, ZIP

EMAIL

PHONE

Hendrick Scholarship Foundation
800 Central Parkway East, Suite 100, Plano, Texas 75074
Phone: 972-423-2079
E-mail: marcy@hendrickscholarship.org
www.hendrickscholarship.org



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