



**Chapter 8 Scholarship Donation Form**  
(rev. 11/20/14)

Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Donation Information

I (we) donate a total of \$ \_\_\_\_\_

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks payable to:

**Tournament of Bands Chapter 8**

Donations may be mailed to the address to the right or turned into to any Chapter 8 Staff.

Mail Donations To:

Martin Altman  
Chapter 8 Coordinator  
315 Painter Ave  
Greensburg, PA 15601

