

DONATION FORM



WILSE MORGAN WX7P MEMORIAL ARRL NORTHWESTERN DIVISION SCHOLARSHIP

Providing Education Opportunities to Deserving Students

Donor Information (please print or type)

Name _____
Address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Donation Information

I (we) donate a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

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, corporate matches,
or other gifts payable to:

ARRL Foundation/Northwestern Division Fund. The
ARRL Foundation is a qualified 501(c)(3)
organization.

WILSE MORGAN WX7P MEMORIAL
ARRL NORTHWESTERN DIVISION
SCHOLARSHIP
C/O
ARRL Development Office
225 Main Street
Newington CT 06111-1494