

University of Santa Clara Faculty
Martin Luther King Memorial Scholarship Fund

Name _____ Date _____

Department _____

I would like to contribute \$ _____ to the Martin Luther King Memorial Scholarship Fund, with payment to be made as indicated:

Paid in full _____ (Total amount enclosed)

Monthly payment _____ (Statements to be sent monthly)

Deduct from payroll check _____ (On the 5th and 20th of each month)

Signature _____

*For a period of 12 months. Return this form to R. W. Jonsen in Admissions.

Record of Payment

<u>Amount Received</u>		<u>Amount Received</u>
_____	June	_____
_____	July	_____
_____	August	_____
_____	September	_____
_____	October	_____
_____	November	_____
_____	December	_____
_____	January	_____
_____	February	_____
_____	March	_____
_____	April	_____
_____	May	_____