



# City Scholars Foundation®

*Training Leaders to Transform Lives™*

Yes! I (we) want to support City Scholars Foundation and its efforts to “train leaders to transform lives™.”

Name: (Mr./Mrs./Ms.): \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Home or Business Address (please circle one): \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Circle one:**                      **Contribution Amount (Payment Enclosed)**                      **Pledge Amount**

**Circle one:**                      \$1000      \$500      \$250      \$100      \$50      \$25      Other: \$\_\_\_\_\_

**Check** enclosed in the amount of: \$ \_\_\_\_\_

Please **charge** my gift or pledge to:

VISA                      MasterCard

Name on Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

- My or our employer(s) will match my/our gift. The matching gift form is enclosed. Please let me know if my/our employer(s) will match my/our gift.
- I would like to make a gift in honor or in memory of a loved one or friend.

Please inform (name): \_\_\_\_\_

Address, City, State, ZIP Code: \_\_\_\_\_

Relation to Honoree: \_\_\_\_\_ Occasion: \_\_\_\_\_

Please make checks payable to:

**City Scholars Foundation®**  
**900 Wilshire Blvd, Suite 1518**  
**Los Angeles, CA 90017**

Your contributions are tax-deductible to the fullest extent of the law. **Tax-Exempt ID# 95-4435039.**