



Scholarship Donation Form

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Donor Signature: _____

Donor Signature: _____

Gift Amount: _____

Date of Gift: _____

Years Pledged: _____

Date of First Gift: _____

Gift Distribution:

___ General Operating (TeamMates Mentoring EIN 47-0840990) ___ Operating ___ Chapter ___ Scholarship

___ TeamMates Foundation (TeamMates Foundation EIN26-2658139) ___ Scholarship ___ Emergency ___ Legacy

Gift Type Description and Restrictions:

Scholarship Name _____

Scholarship Given in Honor of _____

Scholarship Given in Memory of _____

Scholarship Specifications if any (Specified to chapter/school/trade/university, etc.)

Reason why donor/family chose to support TeamMates with a scholarship _____

Other comments on why this scholarship is named in honor of loved ones/donors _____

Publicizing Intent:

___ Yes, TeamMates has permission to publicize my gift (Annual Report, Website, etc.)

(Please send appropriate picture to Chris Anderson at canderson@TeamMates.org or mail to address below)

___ Please keep my gift anonymous.

The mission of the TeamMates Mentoring Program is to positively impact the world by inspiring students to reach their full potential through mentoring.

TeamMates is a 501(c)(3) non-profit; TeamMates Mentoring Program and the TeamMates Foundation are audited annually by HBE Becker Meyer Love LLC; Copies of the audit can be obtained upon request from the TeamMates Central Office; TeamMates Mentoring Program, 121 So. 13th St., Lincoln, NE 68508.