

CHAPTER GIFTS TO INTERNATIONAL AND CALIFORNIA STATE PROJECTS

CHAPTER _____ CHAPTER CITY _____ Date _____

Make **one** chapter check payable to: **California State Chapter**

Send the check **and** this form to: Executive Assistant, C.S.C. / P.O. Box 5617 / Whittier, CA 90607-5617

For individuals making donations, please use the [Individual Donations Form](#) available on the California State Chapter website.

Please indicate the fund(s) and amounts to which your **chapter** is contributing:

International Projects:

\$ _____ P.E.O. Educational Loan Fund (ELF)
\$ _____ P.E.O. International Peace Scholarship (IPS) ☐ Check if participating in Partners in Peace Program
To be designated as a Partners in Peace Chapter and be matched with an IPS student, complete the
online form found at: <https://www.peointernational.org/resource/ips-partners-in-peace-form/>
\$ _____ P.E.O. Program for Continuing Education (PCE)
\$ _____ P.E.O. Scholar Awards (PSA)
\$ _____ P.E.O. Foundation - If designated please list _____
\$ _____ P.E.O. STAR Scholarship
\$ _____ Cotter College - If designated please list _____
\$ _____ Cotter College - Brenda J. Atchison Music Fund
\$ _____ California Sponsored Cotter College Suite Endowment – must designate at least one: Gardner, Remy,
Rubie-Kentucky, Santa Barbara, or Weller _____

California State Projects:

\$ _____ Ruth G. White P.E.O. Scholarship Fund
\$ _____ Ethel O. Gardner P.E.O. Scholarship Fund
\$ _____ Dorothy L. Weller P.E.O. Scholarship Fund
\$ _____ Loving Concern Fund (this is an undesignated fund; donations cannot be made for specific recipients or events)
\$ _____ California Cotter Scholarship Fund
\$ _____ California Cotter College Travel Fund (CSC-CCTF)
\$ _____ Stella Carver Fund (this is an undesignated fund; donations cannot be made for specific recipients)
\$ _____ SHINE Fund
\$ _____ Other California P.E.O. Foundation Fund—please list _____
Note: *Scholarship Selection Committee* is not a Project—please enter a specific fund they manage
\$ _____ **TOTAL** (please make **one** chapter check, payable to **California State Chapter**, send to address above)

If gift is in honor or in memory of an individual, please indicate on next page

Chapter Treasurer: Please include your name and contact info — thank you.

Name _____

Phone _____ Email _____

Chapter donations must be received by the California State Chapter Executive Office before January 31st to be properly credited on the state annual gift list and International recognition programs for chapters .

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If gift is in honor or in memory of an individual, please indicate below for an acknowledgment to be sent:

Fund Name _____ Donation amount \$ _____

Please Check one: ☐ In Honor / ☐ In Memory of _____

Send card to: Honoree/Next of Kin _____

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City _____ State _____ ZIP _____

Fund Name _____ Donation amount \$ _____

Please Check one: ☐ In Honor / ☐ In Memory of _____

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City _____ State _____ ZIP _____

Fund Name _____ Donation amount \$ _____

Please Check one: ☐ In Honor / ☐ In Memory of _____

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City _____ State _____ ZIP _____

Fund Name _____ Donation amount \$ _____

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City _____ State _____ ZIP _____

Fund Name _____ Donation amount \$ _____

Please Check one: ☐ In Honor / ☐ In Memory of _____

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