GIFTS $\underline{\mathit{FROM}}$ AN INDIVIDUAL $\underline{\mathit{TO}}$ INTERNATIONAL AND STATE PROJECTS

Please Note: this form is not for Chapter use / and not for use with a Chapter Check

Make your *personal* check payable to the project of your choice Please indicate the project and the amount of your donation.

Send this form with your check, <u>payable to the project you have designated</u>, to: P.E.O International Executive Office, 3700 Grand Ave., Des Moines, Iowa, 50312

Our Internat	tional Projects:		
\$	P.E.O. Educational Loan Fund (ELF)		
\$	P.E.O. International Peace Scholarship (IPS) P.E.O.		
\$	Program for Continuing Education (PCE) P.E.O.		
\$	Scholar Awards (PSA)		
\$	P.E.O. STAR		
\$	P.E.O. Foundation – If for a designated fund, please list		
Our Californ	nia 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		
\$	California Cottey Scholarship Fund		
\$	Other California P.E.O. Foundation Funds		
	or Type //State/Zip)		\CA
Address(City	/State/Zip)		
Email	Phone		
Chapter to re-	ceive credit for donation (optional)City	State	
Please Check of			
C			
Send card to:	Honoree/Next of Kin		
Address			
City	StateZIP		

Use the Page 2 for donations to:

Cottey College *or* Brenda Atchison Music Fund at Cottey College
Stella Carver Fund Loving Concern Fund SHINE Fund
California State Chapter – Cottey College Travel Fund California
Sponsored Cottey College Suite Endowments

Use this section for donations directly to <u>Cottey College</u>. Make checks payable to: <u>Cottey College</u> If the donation is to be allocated to a specific fund or scholarship, please indicate.

	Cottey College If designate	ed – please list:	
	Brenda J. Atchison Music Fu	and at Cottey College	
	California Sponsored Cottey	College Suite Endowment – must desi	gnate at least on
	·	ta Barbara, or Weller	_
Donor Name	e	Chapt	er\C
		•	
rudiess (City			
Email		Phone	
Chapter to receive credit for donation (optional)		City State	;
gift is in ho	nor or in memory of an individual, plea	se indicate below:	
end card to:	Honoree/Next of Kin		
ity		State ZIP	
Mail this sec	and California State Chapte ction and check(s) payable as below to C	lla Carver Fund, Loving Concern Funder – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh	ittier, CA 9060
	and California State Chapte	er – Cottey College Travel Fund.	ittier, CA 9060
Mail this sec	and California State Chapte ction and check(s) payable as below to C	er – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh	ittier, CA 9060
Mail this see	and California State Chaptoction and check(s) payable as below to C Fund	er – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh Checks Payable to	Tax Deductible
Mail this see	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey	er – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh Checks Payable to	Tax Deductible
Mail this see	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund	er – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund	Tax Deductible Yes
Mail this see	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund	er – Cottey College Travel Fund. California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund	Tax Deductible Yes No
Mail this see	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation	California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O.	Tax Deductible Yes No
Mail this see Donation S S S Donor Name	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation	California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. Chapter P.E.O. Chap	Tax Deductible Yes No
Mail this see Donation B B Donor Name Address (Cit	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation	california State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. Chapter P.E.O. Chap	Tax Deductible Yes No
Mail this see Donation B B Donor Name Address (Cit Email	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation	California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. Chapter Phone	Tax Deductible Yes No events.
Donation Donor Name Address (Citemail	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation cy/State/Zip) ceive credit for donation (optional)	California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. State Chapter P.E.O. Chap Phone State	Tax Deductible Yes No events.
Mail this see Donation Donor Name Address (Cit Email	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation cy/State/Zip) ceive credit for donation (optional) nor or in memory of an individual, plea	California State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. State Chapter P.E.O. Chap Phone State State State State	Tax Deductible Yes No events.
Donation Donation Donor Name Address (Cit Email	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation cy/State/Zip) ceive credit for donation (optional) nor or in memory of an individual, pleadene: In Honor / In Memory	Checks Payable to Stella Carver Fund California State Chapter P.E.O. Stella Carver Fund California State Chapter P.E.O. Chapter Phone Phone State	Tax Deductible Yes No events.
Mail this see Donation \$ \$ \$ \$ Donor Name Address (Cit Email Chapter to re f gift is in hor lease Check of	and California State Chapte ction and check(s) payable as below to C Fund Stella Carver Fund Loving Concern Fund California State Chapter – Cottey College Travel Fund SHINE Fund These are undesignated funds. Donation cy/State/Zip) ceive credit for donation (optional) nor or in memory of an individual, pleadone: In Honor / In Memory	california State Chapter, P.O. Box 5617, Wh Checks Payable to Stella Carver Fund California State Chapter P.E.O. State Chapter P.E.O. Chap Phone State State	Tax Deductible Yes No events.