

2020 WTS Los Angeles Chapter Scholarship Sponsorship Program

Date:			
Contact Person:			Title:
Firm/A	gency:		
Addres	s:		
City:		State:	ZIP:
Teleph	one:	E-mail:	
Ple	the name here:	agency or an ind	lividual, check (1) category below and add Undergraduate Scholarship (\$5,000)
B)		Scholarship for a	 Graduate Scholarship (\$5,000) any amount. Amount: \$ Undergraduate Scholarship Graduate Scholarship
ΜΑΚΙΝ	G YOU DONATION:		
	To make a secure, tax-deductible dou Community Foundation. Please note of <i>The California Community Foundation is a tax-ex</i>	on the check "M kempt organization u made to WTSF are d	, please mail checks directly to California / TS-LA Scholarship Program". nder Section 501(c)(3) of the Internal Revenue Code. The leductible as charitable donations to the extent allowed
B)	To make a secure, tax-deductible do	nation online . c	lick HERE. Please note in the comments

which scholarship you'd like to support and how you'd like it to be named if you're sponsoring a full scholarship.

Email this completed form to <u>Treasurer@wtsla.org</u> and <u>Scholarships@wtsla.org</u> so we can acknowledge you and apply your benefits

Thank you for your support!