Date: *(please include year)*

Contact Person: Title:

Firm/Agency:

Address:

City: State: ZIP:

Telephone: E-mail:

# WTS-LA ANNUAL SCHOLARSHIPS

1. To name a scholarship for your firm, agency, or an individual, check one category below and add the name here:

|  |  |
| --- | --- |
| High School Scholarship ($2,500) | Graduate Scholarship ($5,000) |
| Undergraduate Scholarship ($5,000) | Community College ($3,000) |

1. Or, donate to an established WTS-LA Scholarship for any amount. Amount: $

|  |  |
| --- | --- |
| High School Scholarship | Graduate Scholarship |
| Undergraduate Scholarship | Community College |

# MAKING YOUR DONATION:

1. **To make a secure, tax-deductible donation by check**, please mail checks directly to California Community Foundation. Please note on the check “WTS-LA Scholarship Program.”

*The California Community Foundation is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Federal ID Number is 95-3510055. Contributions made to WTS-LA are deductible as charitable donations to the extent allowed by tax law.*

# Checks should be mailed to:

California Community Foundation 221 S. Figueroa St., Suite 400

Los Angeles, CA 90012.

1. **To make a secure, tax-deductible donation online**, click [HERE](https://www.calfund.org/wts/). 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** [Treasurer@wtsla.org](mailto:Treasurer@wtsla.org) and [Scholarships@wtsla.org](mailto:Scholarships@wtsla.org) **so we can acknowledge you and apply your benefits**

Thank you for your support!