# Eastern Amputee Golf Association

# Scholarship Donation Form

Many thanks for your support of our EAGA Scholarship Funds! If you would like to donate to our EAGA Scholarship Fund, please and fill out this **Donation Form** and send it along with your check (made out to EAGA) to **Bob Buck, EAGA, 2015 Amherst Dr, Bethlehem, PA 18015-5606.** Questions, please contact me at the EAGA Office at 610-867-9295 or rbuck@eagagolf.org.

**EAGA Scholarship Fund Contribution $\_\_\_\_\_\_\_\_\_\_**

Please advise where you would like your Scholarship Donation to go.

* **MaryLou & Paul DesChamps Memorial Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Eileen & Ray Froncillo Memorial Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Howard Taylor Memorial Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bob Wilson Memorial Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Buffalo Amputee Golf Classic Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Robert O Buck, Jr Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Applecross CC/Bill Spratt Memorial Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **North Hills Country Club Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Thomas Naughton Memorial Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bick Long Memorial Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Bob Kirshenbaum Memorial Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**
* **Patriot Fund EAGA Scholarship Fund $\_\_\_\_\_\_\_\_\_\_\_\_**

**Total $\_\_\_\_\_\_\_\_\_\_**

Your contribution will help carry on the Scholarship work of the EAGA through the medium of golf

and are tax deductible under Section 501 (c)(3) of the Internal Revenue Code of 1986.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type Amputation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate\_\_\_\_\_\_\_\_\_\_\_\_ Spouse 1st Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business and/or Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran: \_\_\_\_ Yes \_\_\_\_ No**

**Military: Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**