

Your Donation Makes a Difference

## YES! I want to support healthcare scholarships for Clarke County students

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_  
City/State/Zip

☐ Check enclosed    or    ☐ Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_



*Grow our own and they come back home!*

You can also call in a credit card payment to:  
641-342-5489 - Tom Bahls, Communication  
and Foundation Manager

**THANK YOU FOR SUPPORTING HEALTHCARE STUDENTS IN CLARKE COUNTY!**