

Your Donation Makes a Difference

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

Organization: _____

Name: _____

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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!