

ARCS® FOUNDATION, INC., NORTHERN CALIFORNIA CHAPTER

I wish to pledge/contribute to the Scholar Awards Fund as follows:

- Summa Cum Laude (\$50,000 and above)
- Magna Cum Laude (\$20,000 \$49,999)
- o Cum Laude (\$10,000 \$19,999)
- With Distinction (\$5,000 \$9,999)
- With Highest Honors (\$2,500 \$4,999)
- With Honors (\$1,000 \$2,499)
- Special Achievement (\$500 \$999)
- Friends of Arcs (up to \$500)

□ Please charge my: □ Visa □ MasterCard in the amount of \$____

Name on Card:

Honorary and Memorial Gift I would like my gift to be in honor of in memory of (please list name on line below) Please notify the following person(s) of my donation: Name: Address: Remittance Information I am enclosing a check payable to the ARCS Foundation in the amount of \$______.

Account Number:		Exp. Date:				
Billing Add	dress:					
		If you wish	to make a transfer o	of stock, please cor	ntact our finance department.	
Donor Information						
Name:						
Address:						
Phone:	()		Fax: ()	
Name to be listed:						

For further information please contact the ARCS office (see information below).

All Funds must be received by June 30, 2013 to be listed in the 2012-2013 Annual Report.

Thank you very much for your consideration.