



## HELP US REACH OUR GOAL!

### Personal Information:

Mr.  Mrs.  Ms.  Dr. Other \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Business Business Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I will help Cornerstone reach its year-end goal. I will donate to the Cornerstone Scholarship Fund in the amount of:**

\$25

\$50

\$100

\$250

\$500

Other: \$ \_\_\_\_\_

### Payment Options:

Check enclosed with this form.

Please make your check out and mail to: **Cornerstone Scholarship Fund 6861 E. Nevada Detroit, MI 48234**

Please bill my credit card:  Visa  Master Card  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_ Zip Code for billing address: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

*Cornerstone Schools is a qualified 501(c)(3) organization. For tax reporting purposes, a receipt for your gift will be provided to you at a later date under separate cover.*

