

Morris Scholarship Fund Pledge Form

I/We wish to pledge support for the Morris Scholarship Fund with a gift of \$_____.

Payment for my/our gift will be as follows:
(please check appropriate lines)

Check enclosed, in the amount of \$_____

Payment on _____(date).

Annual payments for __ years starting
_____(month) _____(year)

(gifts may be made over 3 years)

Signature _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Caller _____ Date _____

Your contribution may be designated a gift. Please indicate below if this is your preference.

In Honor of / In Memory of: (Circle preference)

Your gift may be directed to the following categories. Please designate your preference.

Scholarship _____Percentage

Endowment _____Percentage

Morris Scholarship Fund Campaign

J.B. Morris Fellow	\$25,000 and up
Founder	\$10,000 - \$24,999
Benefactor	\$5,000 - \$9,999
Patron	\$2,000 - \$4,999
Investor	\$500 - \$1,999
Friends of Morris	\$100 - \$499
Contributor	Less than \$100

Checks may be made payable to: Morris Scholarship Fund
Please return to:

Morris Scholarship Fund
525 SW 5th St., Suite A
Des Moines, IA 50309-4501
phone: 515-282-8192 fax: 515-282-9117

Your contribution is tax-deductible to the extent provided by current law.

THANK YOU FOR YOUR SUPPORT!