



COMTO INDIANA SCHOLARSHIP CONTRIBUTION FORM

Organization: _____

Contact Person: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

CONTRIBUTION LEVELS (Please Check)

- \$1,000 & Up
- \$750 - \$999
- \$500 - \$749
- \$250 - \$499
- \$50 - \$249
- Other (\$ _____)

PAYMENT INFORMATION

- Check (Please make checks payable to COMTO Indiana)
- VISA
- MasterCard
- AMEX

Total Contribution Amount: \$ _____

Credit Card Number: _____

Expiration Date: _____

Name on Credit Card: _____

Card Holder Signature: _____

Return completed forms with payment to:

COMTO Indiana
P.O. Box 22245
Indianapolis, IN 46222