



SCBA FELLOWS DONOR FORM

Name _____ Title _____

Station/Business _____

Business Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Home Email _____

I wish to become an SCBA Fellow at the following level: *(Check one)*

- Bronze Fellow \$ 1,000
 Silver Fellow \$ 5,000
 Gold Fellow \$10,000

My contribution will be paid: *(Check one and fill in appropriate blanks)*

In full with one payment to be remitted by _____
(month/day/year)

In monthly or quarterly (circle one) installments of \$ _____ for a
period of _____ year(s) with the first payment to be remitted by _____
(month/day/year)

In annual installments of \$ _____ for a period of _____ year(s) with
the first payment to be remitted by _____
(month/day/year)

I wish to make a one-time gift to the Foundation in the amount of \$ _____.

Fellows or one-time gifts can be made by check or credit card.

Check enclosed made payable to SCBA Educational Foundation

Charge my credit card Visa, Mastercard or AmEx (Circle one)

Acct # _____

Expiration date: _____ Signature: _____

Mail this form to SCBA:
2711 Middleburg Drive, Suite 201
Columbia, SC 29204

Fax or email this form to SCBA:
(803) 732-4085
paula@scba.net