

**ZONTA CLUB OF CHEEKTOWAGA-LANCASTER
SERVICE DOLLAR DONATIONS**

CHOOSE ONE:

STUDENT SCHOLARSHIP
ADULT SCHOLARSHIP
SERVICE DOLLARS
MISCELLANEOUS

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| |

RECIPIENT DATA:

NAME: _____

CONTACT: _____

ADDRESS: _____

TELEPHONE NO.: _____

IF SCHOLARSHIP WINNER,
NAME OF COLLEGE _____

DOLLAR AMOUNT: _____

SUBMITTED BY: _____

CHECK NO.: _____

DATE: _____