



A K R O N

Contribution Form

Please print form and mail donation to :

400 W. Market Street, Suite 1
Akron, Ohio 44303-2060
Telephone: 330-761-3113 · Fax: 330 -761-3246
Your tax deductible donation is greatly appreciated.

Name _____

Organization _____

Address _____

City/State/Zip Code _____

Daytime Phone _____ Email _____

Yes, Please count me in. I want to support Project GRAD Akron to make college education an expectation for many rather than a dream realized for a few. Please find enclosed my contribution in the amount of:

\$500.00 \$250.00 \$100.00 \$50.00 Other \$ _____

_____ Contribution to support Project GRAD Akron's Scholarship Fund

_____ Contribution to support Project GRAD Akron's Programs and Services

Please make checks payable to: Project GRAD Akron
400 W. Market Street, Suite 1
Akron, Ohio 44303-2060

Visa/MasterCard/Discover card #: _____ Exp. Date: _____

Cardholder's signature required