



# 2020 FOUNDATION SCHOLARSHIP DONATION

**Thank you for your generosity and support of the AHMA-PSW Foundation!**  
Your donation will significantly support many lives and the important work of the AHMA-PSW Foundation.  
The AHMA-PSW is a 501(C)(3) nonprofit organization.

The Dan Grady Memorial Scholarship Program has awarded over \$664,000 in academic and vocational scholarship to low income, at-risk youth and adult residents of affordable housing who wish to continue their education. Scholarship Awardees will be recognized at the Scholarship Luncheon at the 43<sup>rd</sup> Annual Conference L.A. on May 18, 2020.

## Scholarship Donor Levels

- **ACADEMIC SCHOLARSHIP - \$1,500**  
(4-year college)
  - (2) tickets to the Scholarship Luncheon
  - Your company listed on the AHMA-PSW website
- **VOCATIONAL SCHOLARSHIP - \$750**  
(trade school or junior college)
  - (1) ticket to the Scholarship Luncheon
  - Your company listed on the AHMA-PSW website
- **SUMMA - \$1,000**
  - (2) tickets to the Scholarship Luncheon
  - Your company listed on the AHMA-PSW website
- **DEAN'S LIST - \$500**
  - (1) ticket to the Scholarship Luncheon
  - Your company listed on the AHMA-PSW website
- **MAGNA - \$750**
  - (2) tickets to the Scholarship Luncheon on 5/18/20
  - Your company listed on the AHMA-PSW website
- **HONOR ROLL - \$250**
  - Your company listed on the AHMA-PSW website
- **Other scholarship donations of any amount are appreciated**    \$ \_\_\_\_\_

*Your contribution may be combined with other donations for a single scholarship.*

**DONATE TODAY!** Please fill out form below:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation total: \$** \_\_\_\_\_

Please make checks payable to the AHMA-PSW Foundation and mail your contribution with this donation form to:  
PO Box 226969, Los Angeles CA 90022 or complete the credit card form.

**Phone: 866-698-2462**

**IMPORTANT! All donors receive acknowledgement at the Luncheon.**  
Your contribution is tax-deductible to the extent allowed by the law.



**AHMA - PSW FOUNDATION**

**PO BOX 226969**

**LOS ANGELES, CA 90022**

**CREDIT CARD AUTHORIZATION FORM**

Name of Card Holder: \_\_\_\_\_

Type of Credit Card:            VISA                            MasterCard                            Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Company: \_\_\_\_\_

Event Name & Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Billing/Contact Address: \_\_\_\_\_

\_\_\_\_\_

I authorize my credit card to be charged the amount of \$ \_\_\_\_\_. By signing this form, I acknowledge this payment is nonrefundable and non-transferable.

\_\_\_\_\_

**Card Holder Signature**

\_\_\_\_\_

**Date**