



Name: _____

Phone: _____

Company: _____

Email: _____

Indicate the amount enclosed:

Please mark the scholarship you are contributing to:

- Field Trips
 - District (optional) _____
 - School (optional) _____

- \$25
- \$50
- \$100
- \$250
- Other _____

- Summer Camp General Scholarship Fund
- District-Specific Summer Camp Scholarship
 - District: _____
- Other _____

Would you like your scholarship donation to be allotted for a specific camp? Which one?

Address: _____

Name: _____

Company: _____

Thank you for donating to the Astro Camp Space and Science Center Scholarship