

SREB-State Doctoral Scholars Program

The Southern Regional Education Board
592 Tenth Street, NW, Atlanta, GA 30318
(404) 875-9211

FINANCIAL GIFT CONTRIBUTION FORM
Complete and enclose with remittance.

Enclosed is my gift in the amount of \$ _____.

If contributed on behalf of scholar:

Name of Scholar

Please do not send cash. Make your check or money order payable to:
SREB Doctoral Scholars Program

Your name and address:

_____ Zip _____

You may photocopy this form for distribution to other contributors.

(Keep this portion for your records).

SREB Doctoral Scholars Association
Southern Regional Education Board
592 Tenth Street, NW, Atlanta, GA 30318
(404) 875-9211

Date of gift _____ **Check #** _____ **Amount** _____

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Thank You!