



MEMORIAL DONATION FORM

Families may now honor loved ones with a \$1000 donation to the Sailes Legacy Scholars Program in their ancestor's or loved one's name. When making group donations, a designated person must submit the donation and provide the names and contribution amount of each donor. Tax deduction letters will be issued by the EZRA Project for all donations of \$50.00 or more.

Donation Categories are \$1000 or \$500. For group donations, the Designated Donor should collect funds from family or group members and complete the attached form with the one-time submission. Sankofa Memorial donors may not select or suggest specific persons to receive the award; however, Sankofa Memorial donors may designate whether support is for a post-secondary or seminary scholar.

The EZRA Project is responsible for screening and selecting Scholars. Scholarship applications are open to individuals from the Chicago area who are either current high school graduates accepted into accredited post-secondary schools or adults currently enrolled in accredited Bible colleges or seminaries. Sailes Legacy Scholars applications are on the EZRA website (www.theezraproject.com). Awardees will be selected from student applicants who exhibit a passion for community service and church ministry.

This Sankofa Memorial donation is in honor of:

(Insert name and title as they should appear in print.)

Donation Categories:

(Select one)

\$1000 – Full Support Donation

\$500 – Shared Support Donation

(Shared donations may be combined with other Sankofa Memorial donations.)

This Sankofa Memorial donation should support:

(Select one) High School Graduate Bible College or Seminary Student No preference

Designated Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email Address: _____

Amount donated by Designated Donor \$ _____

The information listed on this form is full and complete. I understand that each individual donation of \$50 or more warrants an individual tax letter which will be sent to the donor. Donations under \$50 will be accepted but no tax letter will be sent. **All individual donations (including my own) should total the indicated Donation Category.**

Signature of Designated Donor: _____

Donation Information:

ALL Credit Card donations must be made on the secure EZRA website (www.theezraproject.com/donations)

Checks are payable to The EZRA Project. Please put Sankofa Memorial in the subject line. Mail checks to:

The EZRA Project
P. O. Box 438825
Chicago, IL 60643

Donations must be made by a single check in the entire amount. Checks are not valid until the check clears. (Select one)

_____ This is an individual donation

_____ This is a family or group donation

(Provide name and donation amount for each additional donor below.)

Name _____

Address _____

City _____ State _____ Zip _____

Amount donated: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Amount donated: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Amount donated: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Amount donated: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Amount donated: \$ _____

