



Scholarship Contribution Form for Check Payments

| | |
|--|-------------------|
| First Name | |
| Last Name | |
| Title | |
| Organization | |
| Address | |
| City/State/Zip | |
| Cell Phone | |
| Email | |
| | |
| This contribution is on behalf of: | |
| <input type="checkbox"/> | Myself |
| <input type="checkbox"/> | Firm/Organization |
| | |
| Enclosed is my tax-deductible gift of: | |
| <input type="checkbox"/> | \$300 |
| <input type="checkbox"/> | \$500 |
| <input type="checkbox"/> | \$1000 |
| <input type="checkbox"/> | Other: \$ |
| I would like my contribution applied towards: | |
| <input type="checkbox"/> General Scholarship Fund | |
| <input type="checkbox"/> College of Fellows Scholarship Fund | |
| <input type="checkbox"/> COPS - Coalition of Professional Land Surveyors | |

Payment Information:

Checks payable to ACEC Research Institute, 1400 L St NW, Washington, DC 20005-2605

Online Donations: can be made at ACECResearchInstitute.org/scholarships

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