Scholarship Fund

Please include this form when mailing your contribution to the Arkansas Library Association Scholarship Fund. The information provided will ensure that your donation is properly recorded.

Name of Donor: _____

Address: _____

Date: _____ Amount: $_____

If the contribution is in honor of or in memory of a person or group, please provide the following information:

In Memory Of: _____

Address of Family: _____
(Or)
In Honor Of: _____

Address: _____

Please mail to:
Arkansas Library Association
PO Box 958
Benton, AR 72211

***** Thank You For Your Contribution to the Scholarship Fund *****