



The NACCB Chapter Scholarship Program Donor Form

Yes, I would like to donate to the NACCB Chapter Scholarship Member Program.

Please accept my donation of \$ _____.

Date of Pledge _____

- Open Door will contact you to make payment arrangements
- Please visit our website at www.keys2IT.org for donor benefits.

No donation at this time, but keep me on your mailing list.

Name (as it should appear in acknowledgement)

Company Name (If a company Gift)

Contact Person

Address

Address

City, State & Zip code

Phone

Fax

Email

Method of Payment:

Check (Payable to Open Door Education Foundation)

Pledge Payment

Visa

MasterCard

American Express

Credit Card #

Expiration Date

Name as it appears on Credit Card

Signature