## NORTHERN CALIFORNIA NACCS FOCO Scholarship Donation Form

In an effort to help our AB540 students in Northern California to complete their education, the NCal Foco seeks your help in supporting this scholarship.

Name					
Address					
Institutio	nal Affiliation				
Email					
Catego	orv				
	Professor Associate Professor Assistant Professor	_ _	Admin/Professional Lecturer Graduate Student	<u> </u>	Undergraduate Student Community
	on: (for a donation of \$14.00 conation regardless of amount.	or less we as	sk that you pay by check to	avoid credit ca	ard fees). We will accept
Total E	nclosed: \$				
•	Do not send cash Make check payable to NCal	Foco			
Payme	ent by Credit Card (donatio	n of \$15.00	or more)		
	Visa Master Car	·d			
CC Number:			Exp.	Date:	
Name o	on Card:				
Signatu	re (mandatory):				

Return application and payment to:

NACCS, Attn: NCal Foco, P.O. Box 720052, San José, CA 95172-0052.

Thank you for your continuous support! Visit us online at www.naccs.org