

THE HARRY S. TRUMAN SCHOLARSHIP FOUNDATION



Make A Donation

* Donation Amount:

Donor Name: * First: MI: * Last: Suffix:

* Address 1:

Address 2:

* City:

* State: * Zip Code:

* Home Phone: * Email:

Gifts may be made in memory of a family member or friend, in honor of an individual, or in recognition of a special occasion. We will be glad to notify the individual or their family.

Name of the person you would like to honor:

Honoree Name: First: MI: Last: Suffix:

Occasion:

Your relationship to Honoree:

If a gift, please send notification to:

Name: First: MI: Last: Suffix:

Address 1:

Address 2:

City:

State: Zip Code:

Home Phone: Email:

Many employers have matching-gift programs through which they will make an additional gift based upon your gift to the Harry S. Truman Scholarship Foundation

Yes, my employer will be sending a matching gift

Employer or Company Name:

Comments:

After the completion of your payment, you will be presented with a payment confirmation page. Please print that page for your records.