



# A.C. Flora First Five Years Foundation Scholarship Columbia, South Carolina 2009

The A.C. Flora First Five Years Foundation will provide annual scholarships to students graduating from A.C. Flora High School who desire to attend a junior or senior college or university that is accredited by the Southern Association of Colleges and Schools (SACS).

**Donation given by:**

\_\_\_\_\_ *AC Flora Class Year / Other*

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Email*

\_\_\_\_\_ *Phone*

**I wish this to be an anonymous donation.**

**Yes**  **No**

***Signature and Date***

\_\_\_\_\_ **In Honor of:** \_\_\_\_\_ **In Memory of:**  
*(Please check one of the above)*

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Please notify:**

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Email*

\_\_\_\_\_ *Phone*

**Tax Deductible Donation Amount \$ \_\_\_\_\_ and Method of Payment:**

- Check #** \_\_\_\_\_ made payable to **AC FLORA FIRST FIVE YEARS FOUNDATION** enclosed
- Credit Card:** VISA    MasterCard    American Express    *(please circle)*
- Card #** \_\_\_\_\_ Expiration date \_\_\_\_\_ CVV# \_\_\_\_\_  
*(CVV# is the three digit number on the back of the card or four digit on front for American Express)*

Name as it appears on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

**Mail donation and completed form to:**

Central Carolina Community Foundation  
2711 Middleburg Drive, Suite 213  
Columbia SC 29204

**For further information contact:**

Veronica Pinkett-Barber  
Director of Grandmaking & Programs  
veronica@yourfoundation.org  
803-254-5601 x331    FAX: 803-799-6663

*www.acflora.org    AND    www.yourfoundation.org  
together... making a difference*