

Association of Women in the Metal Industries

International Scholarship Donation Form

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

International Scholarship Donation Payment Information

Yes, I would like to donate to the International Scholarship Fund

Amount: \$ _____

My company matches personal donations

Contact: _____ **at** _____

**Please make check payable to: AWMI – International Scholarship Fund
or fill out the following Credit Card Information:**

VISA **MasterCard** **American Express**

Card #: _____ **Exp. Date:** _____

Name on Card: _____

Signature: _____

Return your completed order form to:
AWMI • 19 Mantua Road • Mt Royal, NJ 08061
FAX: 856-423-3420 • Email: awmi@talley.com

