

*Your commitment – at any level – is vital to the success of the Peter Demirali Scholarship Fund.*

*Your donation ensures that young adults with disabilities are recipients of a scholarship they can call their own.*

## Here are three ways you can contribute to a young person's success story:

### 1 Contribute to the Peter Demirali Scholarship Fund.

- ☐ I would like to make a one-time gift to the Peter Demirali Scholarship Fund.
- ☐ \$35   ☐ \$50   ☐ \$75   ☐ \$100   ☐ \$500
- ☐ \$1,000   ☐ \$5,000   ☐ My best gift \$ \_\_\_\_\_

- ☐ I would like to make a recurring gift to the Peter Demirali Scholarship Fund of \$\_\_\_\_\_ per month, in monthly installments of \$\_\_\_\_\_ month.

#### OPTIONAL GIFT INFORMATION

- ☐ I am giving jointly with a spouse /partner  
NAME (please print) \_\_\_\_\_
- ☐ I prefer to make my donation anonymously.

#### PAYMENT METHODS

- ☐ My check is enclosed, made payable to the **Columbus Foundation**.
- ☐ Please bill my credit card:
- ☐ Visa   ☐ Mastercard   ☐ American Express
- NAME ON CARD (please print) \_\_\_\_\_
- CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

You can also contribute to Peter Demirali Scholarship Fund by visiting **[www.columbuscommunitycenter.org](http://www.columbuscommunitycenter.org)**. Click on the "Donate" button to access our secure payment page.

### 2 Make a Pledge.

- ☐ I would like to make a pledge to the Peter Demirali Scholarship Fund.
- ☐ I would like to make a pledge of \$\_\_\_\_\_.
- ☐ Enclosed is my first pledge payment of \$\_\_\_\_\_.
- ☐ Please send me a pledge reminder each year by this date: \_\_\_\_\_.

#### OPTIONAL PLEDGE INFORMATION

- ☐ I am giving jointly with a spouse /partner  
NAME (please print) \_\_\_\_\_
- ☐ I would like this pledge to be kept anonymous.

### 3 Consider a Planned Gift or Other Opportunities.

- ☐ Yes, please contact me to discuss planned gifts and other creative ways I can support the Peter Demirali Scholarship Fund.

#### OPTIONAL: I would like to learn more about:

- ☐ Making a gift of stocks, bonds, or mutual fund shares.
- ☐ Making a gift from my retirement account.
- ☐ Making the Scholarship Fund a beneficiary of my life insurance policy or retirement plan account.
- ☐ Leaving a bequest in my will or trust for the Scholarship Fund.

OTHER: \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

*Columbus respects your privacy and never sells or trades our supporters' personal information. Providing your email address allows us to keep you updated on Columbus news and events.*

*The Peter  
Demirali*

**SCHOLARSHIP**

FUND

The Columbus  
Foundation

## Thank you for supporting a success story.

**Questions?** Contact Stephanie Mackay, Columbus Foundation Director, at 801-262-1552, ext. 136, or [stephanie.mackay@slcschools.org](mailto:stephanie.mackay@slcschools.org). Please return this form in the enclosed envelope, or mail to: Columbus Community Center, 3495 S. West Temple, Salt Lake City, UT 84115.