



Scholarship Donation Form

I would like to donate the following amount to the Minnesota Association of Counselors of Color, Inc. Student of Color Scholarship Program.

___ \$5 ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other Amount: \$ _____

First Name:

Last Name:

Address:

City, State ZIP:

Phone:

Email:

I prefer to make my donations anonymously. Yes or No

Send this form along with a check or money order made payable to: MnACC, Inc. to:

Mark A. Narayan
President-elect, MnACC
Co-Chair, MnACC Development Committee
University of St. Thomas
2115 Summit Ave. Mail 32-F
St. Paul, MN 55105-1096
