



Yes! I am pleased to make a gift to the *James D. Cox Memorial Scholarship Fund* supporting the educational and professional development of Club Professionals.

I am honored to make a gift in the amount of \$ _____.

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

_____ Enclosed, please find my gift made payable to Society of African American Professionals.

_____ Please charge my gift of \$ _____ to the following card: Visa Discover MasterCard AmEx

Credit Card #: _____ Expiration Date: _____

Signature of Card Holder: _____ Digit Code: _____

Signature if Making a Pledge Date

Please make Checks Payable to Society of African American Professionals
C/O Challengers Boys & Girls Club, P.O. Box 82280, Los Angeles, CA 90082



Yes! I am pleased to make a gift to the *James D. Cox Memorial Scholarship Fund* supporting the educational and professional development of Club Professionals.

I am honored to make a gift in the amount of \$ _____.

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

_____ Enclosed, please find my gift made payable to Society of African American Professionals.

_____ Please charge my gift of \$ _____ to the following card: Visa Discover MasterCard AmEx

Credit Card #: _____ Expiration Date: _____

Signature of Card Holder: _____ Digit Code: _____

Signature if Making a Pledge Date

Please make Checks Payable to Society of African American Professionals
C/O Challengers Boys & Girls Club, P.O. Box 82280, Los Angeles, CA 90082