

# Worthy Student Fund Support Agreement

If you wish to contribute towards the worthy student fund and would like to qualify for a tax-deductible donation, please fill out this form.

Proposed Term of Support: (check as many as apply)

College Semesters:             Fall       Spring

Name of Sponsor: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to call:  AM  PM

## Terms of Financial Support:

The following assistance is being pledged in support of the Worthy Student Fund.

Please specify the amount and timing of your financial assistance.

\$ \_\_\_\_\_ /Monthly      By:  1<sup>st</sup>             10<sup>th</sup>             15<sup>th</sup>             30<sup>th</sup>

\$ \_\_\_\_\_ /Semester      By:  1<sup>st</sup> Month     2<sup>nd</sup> Month

\$ \_\_\_\_\_ /Yearly      By:  Advance payment             Other

\$ \_\_\_\_\_ /One-time Payment

If you have any questions, please contact Student Finance at the Weimar Center of Health and Education Business office: (530) 422-7920, or 7913 or (530) 637-4111, extension 7920, or 7913.

\_\_\_\_\_  
*Sponsor's Signature*

\_\_\_\_\_  
*Date*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to:

Weimar College  
P.O. Box 486  
Weimar, CA 95736  
Fax: (530) 422-7949