



**Donation Form**

*Please return this form to:*  
Houtan Scholarship Foundation  
300 Central Avenue  
Egg Harbor Twp., NJ 08234  
USA

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**Donor Details:** *(A receipt will be issued in the following name. Please print clearly)*

Title: Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Dr. \_\_\_ Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if required on receipt): \_\_\_\_\_

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

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

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

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**Donation:** \$50 \_\_\_ \$100 \_\_\_ \$150 \_\_\_ \$200 \_\_\_ \$500 \_\_\_ Other: \$ \_\_\_\_\_

**Payment Details:** *(Please indicate your payment option by choosing the appropriate box)*

\_\_\_ Cash \_\_\_ Check \_\_\_ Visa \_\_\_ Amex \_\_\_ MasterCard \_\_\_ Discover

\*Please make checks payable to **The Houtan Scholarship Foundation.**

Cardholder Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_