



*Youth Scholarship Fund
of IBHA*



Donation request in memory of Dolores Kurzeja

I/We would like to make the following donation:

_____ \$25 _____ \$50 _____ \$100

_____ Other - _____ Amount

Name _____

Address _____

City _____ State _____ Zip _____

Visa # _____ Expiration _____

Thank You for your support!