

MUNFA SCHOLARSHIP TRUST FUND



*Please complete this form and return to the
MUNFA Scholarship Committee, c/o MUNFA Office Room ER4047.*

NAME: _____
(Please Print)

ADDRESS: _____

I hereby authorize a Contribution Increase Of My Present Contribution, to the
MUNFA Scholarship Trust Fund

AMOUNT: \$ _____

Method of Payment (**check one**):

Cheque:

Payroll Deduction Per Pay Period:

(Make payable to: MUNFA Scholarship Trust Fund)

Date: _____

Signature: _____