

# Shawn Falter Memorial Scholarship



I wish to give a gift in the memory of Shawn Falter. I understand that my gift will be used toward an annual scholarship in Shawn's name.

## Here is my gift:

### Method of Payment

Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_

Please sign regardless of payment method you choose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Gifts at any amount are appreciated and are fully tax deductible.  
The HEF is organized and operated under IRS Code 501 (c)(3)

Thank You For Your Generous Support

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Information provided is used only to credit your contribution. The HEF will NEVER sell, rent or exchange information about you.

## Recognition

- I prefer for my gift to remain anonymous.
- I would like to be recognized for my contribution.

*Mail to:*

**Homer Education Foundation  
PO Box 174  
Homer, New York  
13077**