



THE ASSOCIATION OF RETIRED HOWARD COUNTY PUBLIC  
SCHOOL PERSONNEL

**Scholarship Donation Form**

Date \_\_\_\_\_

- Check enclosed with my donation of \$ \_\_\_\_\_ .  
 Zelle payment sent to [hocoretired@gmail.com](mailto:hocoretired@gmail.com)

**Donor Information**

- I wish to have my donation remain anonymous.

Donor First Name	Donor Last Name
Street Address	Email
City, State, Zip Code	Phone Number

**Donation Information**

This donation is made: (Choose one)

- In honor of \_\_\_\_\_  
 In memory of \_\_\_\_\_

If you would like an acknowledgement to be sent to this person or their family,  
please include the address below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Mail this form (and check, if not paying with Zelle) to the following address:

Lisa Davis  
4211 VFW Ln  
Ellicott City, MD 21043