



I wish to benefit the quality of life in our community for young men and women with Diabetes through the enclosed donation of:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Patron \$5,000 and over | <input type="checkbox"/> Sustainer \$1,000 to \$4,999 | <input type="checkbox"/> Provider \$500 to \$999 |
| <input type="checkbox"/> Friend \$250 to \$499   | <input type="checkbox"/> Associate \$100 to \$249     | <input type="checkbox"/> Contributor up to \$99  |

Name (as it should appear in Foundation listings):

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Address:

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

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

My gift should be used for the **Aimee Melissa Davis Memorial Scholarship Fund**

**Mail your donation to:**

**Austin Community Foundation  
P. O. Box 5159  
Austin, TX 78763**