



MIKE STREICHER MEMORIAL SCHOLARSHIP FUND

DONOR INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

SCHOLARSHIP FUND CONTRIBUTION

- \$25.00
- \$100.00
- \$500.00
- Other Amount \$ _____

DONATION METHOD OF PAYMENT

- Cash
- Check (Check Number _____)
- Credit Card

Name on Card _____

16 Digit Credit Card Number _____ CVC: _____

Credit Card Type _____ Expiration Date ____ / ____

Signature _____ Date _____

MAIL FORM TO: (E-mailed forms will not be accepted)

University of Northwestern Ohio
Attention: Accounting Manager
1441 N. Cable Rd.
Lima, Ohio 45805

Questions about donating to the Mike Streicher Memorial Scholarship Fund can be directed to Trey Becker, UNOH Development at crbecker@unoh.edu