



Date: \_\_\_\_\_

\_\_\_\_ Yes, we would like to establish a scholarship to support Hartnell College Students with a 100% tax deductible donation of \$ \_\_\_\_\_

**Scholarship Name: The John Silveira "Health and Peace" Nursing Scholarship**

- In Honor of John Silveira

Contact Person:

\_\_\_\_\_

Name Phone Email

Name as it should appear for recognition purposes (if different than above):

\_\_\_\_\_

Address \_\_\_\_\_

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

- Check is enclosed.
- Please bill me on (date) \_\_\_\_\_ for \$ \_\_\_\_\_.
- Please charge to(circle) : VISA MasterCard
- Card number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address(if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_

Return to: Hartnell College Foundation, 411 Central Ave, Salinas, CA 93901, (831)755-6810, Fax: (831)759-6038. Email: [jcruz@hartnell.edu](mailto:jcruz@hartnell.edu) Tax ID 94-2781664