



**Ector County ISD Memorial Scholarship Fund
Contribution Form**

I understand the amount of my gift will not be disclosed.

From: _____

Name (As you wish it to appear in the notice to the family)

Address: _____ Phone: _____

This gift is (select one):

_____ in honor of _____

_____ in memory of _____

Please provide notification about my gift to the following:

Name _____

Address _____

Please make the check payable to the Ector County ISD Memorial Scholarship Fund. Return your contribution to:

Ector County ISD

Attn. Memorial Scholarship Fund

Deputy Superintendent's Office PO Box 3912, Odessa, TX 79761