

# Life Member Scholarship Fund

## **Application process:**

Please send this form or a letter or note requesting membership to the Life Member Chairman with a check in the amount of \$50.00 written to **Garden Club of Ohio.**

(\$ 50.00 for each membership).

## **Please provide recipient's:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Club Name: \_\_\_\_\_

Club Contact: \_\_\_\_\_

Telephone No. or E-mail or Address: \_\_\_\_\_

## **Reason for Request:**

\_\_\_\_\_ A donation from a club to honor the member for their service to the club

\_\_\_\_\_ A donation in memory of an individual (any amount - no membership)

\_\_\_\_\_ A personal donation/membership for self

\_\_\_\_\_ A special gift to an individual

Other: \_\_\_\_\_

## **Please mail the request information along with the check to:**

Jane Bodnar 21029 Avalon Dr. Rocky River, OH 44116

## **Please let me know where to send the new members acknowledgement and information.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Thank you so much for your interest in Life Member Scholarship Fund.  
Please feel free to contact me with any questions.

Jane Bodnar, Life Membership Chairman  
440 333 3323 ljbodnar@gmail.com