

## QUILL Scholarship Donation

Name of Scholarship - \_\_\_\_\_

Amount - \_\_\_\_\_

Name of Donor - \_\_\_\_\_

Donor's phone - \_\_\_\_\_

Donor's address - \_\_\_\_\_

\_\_\_\_\_

Donor's Signature - \_\_\_\_\_ Date - \_\_\_\_\_

Please mail check to and this completed form to -

QUILL Account

Bland County School Board

361 Bears Trl

Bastian, VA 24314