

TALLULAH FALLS SCHOOL VOUCHER

Revised: 5/31/09

Please include this voucher with payments made to:
Tallulah Falls School
P. O. Box 10
Tallulah Falls, GA 30573

DEADLINE: DECEMBER 31

Date: _____

Amount: _____

Check # _____

\$ _____ \$3.25 per member for Operational Fund
\$ _____ Donation to the Scholarship Fund
* indicate which fund below
\$ _____ Other Gifts given (memorials, honorariums,
etc.) ** indicate personal gift below
\$ _____ State President's Special Project
\$ _____ State Junior Director's Special Project
\$ _____ **TOTAL for all above**

Club: _____ District _____

Address _____

City: _____ Zip _____

Treasurer: _____

Phone Number: _____

Signature: _____

* Name of Scholarship Fund _____

** Personal Gift Information _____

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