



Lighting the Way Forward.

Good Samaritan Scholarship Fund

Diocese of Youngstown Scholarship Granting Organization

Contribution Form

Donor Information

First Name: _____ MI: ___ Last Name: _____
Spouse Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Parish (optional): _____

Thank You!

Please share my information with the designated school so they can thank you for your support.

I wish to remain anonymous.

Contribution

General Scholarship Fund to be Given to Schools Most In Need: \$ _____
Designated School: _____ \$ _____
Total: \$ _____

Payment Information

I am paying by:

Check (Made Payable to Good Samaritan Scholarship Fund)
 Credit Card Visa Mastercard Discover American Express

Card Number: _____ Exp. Date: _____ CVC Code: _____

Signature: _____



Complete and mail contribution form to:

Good Samaritan Scholarship Fund
Office of Catholic Schools
Diocese of Youngstown
144 West Wood Street
Youngstown, OH 44503