



SEMA Memorial Scholarship Fund Contribution

Name: _____ Title: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Pledge Amount:

\$50 \$100 \$250 \$500 Other _____

Select one: VISA MasterCard American Express

Credit Card #: _____ Exp. Date: ____ / ____

CVV#* (required) _____

*VISA/MasterCard: Last 3 digits of the card number printed in the signature space on back of card.
*American Express: 4-digit number printed above & to the right of raised number on front of card.

Cardholder's Name: _____

Cardholder's E-mail: _____

Cardholder's Billing Address 1 : _____

Cardholder's Billing Address 2: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

Please Fax credit card payments to 909.396.5440

OR:

Check Payment Enclosed

Please Make Check Payable to SEMA Memorial Scholarship Fund and mail payment to:

**SEMA Memorial Scholarship Fund
Attn: Accounting Department
1575 S. Valley Vista Drive, Diamond Bar, CA 91765**

Your Contribution May Be Tax Deductible. Please Consult With Your Tax Advisor

Questions: Contact Juliet Marshall at 909.978.6655, or email julietm@sema.org