

Catholic Daughters of the Americas Texas State Court Memorial Scholarship Fund

Court Name, Number & City _____

Local Court Chairman _____

Mailing Address & City _____

Area Code & Telephone Number _____ Date _____

DONOR	PERSON ENROLLED	Living /Dec.	Amount
1.			
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14.			
15.			

TOTAL MONIES SUBMITTED \$ _____

Please make **local court check** payable to: **CDA State Court of Texas**
(Suggested amount - \$2.50 per enrollment)

CHAIRMAN _____

Mail to: Carolyn Malik
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E-mail: cdacarol@sbcglobal.net