



I WANT TO SUPPORT THE CAREER EDUCATION SCHOLARSHIP FUND NOW!

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: ____ / ____ - _____

E-Mail Address: _____

\$1,000 \$500 \$250 Other Amount: \$ _____

Enclosed is my CHECK payable to: **Career Education Scholarship Fund**

Bill my personal CREDIT Card: Visa MasterCard AmEx

Credit Card Number

3-Digit Security Code

Exp. Date

Name as it appears on Card

Signature

Unrestricted: Please provide scholarships to students showing financial need attending any Career Education Corporation campus.

Restricted: Please provide scholarships to students enrolled in the following Career Education Corporation campus.

(CESF reserves the right to reallocate restricted funds in the event the funds cannot be awarded per the donor's request)

Name of campus and location (Please print clearly):

NOTE: No donations may be designated for a specific person.

Please return this form to: Career Education Scholarship Fund, 231 N. Martingale Road, Schaumburg, IL 60173. Thank you in advance for your generous support! If you have any questions, please email them to cesf@careered.com.