

# Robert S. Malloy Scholarship Fund 2009 Donation Form

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ email address (optional): \_\_\_\_\_

Donation Amount: \_\_\_\_\_ Do you wish to receive a receipt? Yes: \_\_\_ No: \_\_\_  
\_\_\_\_\_

Please mail this form along with your check to the following address:

Robert S. Malloy Scholarship Fund  
C/o – Sue Weeks – CBFN Treasurer  
915 Saybrook Rd  
Haddam, CT 06438

If you have any questions please feel free to contact Paul Carter at  
Prcfunfish1@aol.com.



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