

# SHAMROCK STUDENT MEMORIAL

**THIS DONATION IS BEING MADE IN HONOR OF:**

\_\_\_\_\_  
(Please type or print name in all CAPITALS, as you wish it to appear on the plaque.)

**CLASS YEAR OF GRADUATION:** \_\_\_\_\_

Donated by: \_\_\_\_\_

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

City / State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your \$50.00 donation should be made payable to the:

**Shamrock Student Memorial**

Donations may be mailed to:

SCEF

PO Box 62

Shamrock, Texas 79079

**Please send acknowledgement to:**

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

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

*Thank you for choosing to honor this Shamrock ex-student or faculty member by placing their name on the Shamrock Student Memorial. We appreciate your support of this unique project dedicated to preserving the memory of Shamrock students and faculty.*



***Shamrock Student Memorial***