

# HOPKINS HIGH SCHOOL ALUMNI FOUNDATION 26th ANNUAL SCHOLARSHIP AWARDS

SCHOLARSHIP SPONSOR	\$1,500
SCHOLARSHIP SPONSOR	\$1,000
GOLDEN EAGLE	\$500
GOLD LEVEL	\$100
GREEN LEVEL	\$50

PLEASE INSERT MY NAME IN THE SOUVENIR PROGRAM FOR THE 26th ANNUAL ALUMNI FOUNDATION AWARD CEREMONY, FOR WHICH I AGREE TO PAY THE FULL AMOUNT (CIRCLE ABOVE) IN ADVANCE.

Company's name: \_\_\_\_\_

Advertiser's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone or email address: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: HOPKINS HIGH ALUMNI FOUNDATION

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Signature of Advertiser

PLEASE PRINT OR TYPE COPY EXACTLY AS YOU WISH TO HAVE IT PRINTED.

MAIL THIS FORM TO: HOPKINS HIGH ALUMNI FOUNDATION

POST OFFICE BOX 269

HOPKINS, SC 29061

DEADLINE: AUGUST 1, 2021