

**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 \_\_\_\_\_

Email \_\_\_\_\_

DONOR	PERSON ENROLLED	Living /Dec.	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

TOTAL MONIES SUBMITTED-----\$\_\_\_\_\_

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

**Please mail this form to:** **Melodie Brunt**  
**Second Vice State Regent**  
**1243 N FM2148**  
**Texarkana, TX 75501**  
**903-293-4911**  
**cdambrunt@gmail.com**

<b>For Office Use Only</b>
<b>Court #</b> _____
<b>Ck#</b> _____
<b>Amount</b> _____
<b>Pages</b> _____