

**Catholic Daughters of the Americas
Texas State Court
Memorial Scholarship Fund**

Court Name, Number & City _____

Local Court Chairman _____

Mailing Address & City _____

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DONOR	PERSON ENROLLED	Living /Dec.	Amount
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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: **Rebecca Brown**
Second Vice State Regent
P.O. Box 1478
Angleton, TX 77516-1478
979-248-0993
[**cdarebeccabrown@gmail.com**](mailto:cdarebeccabrown@gmail.com)

For Office Use Only
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Amount _____
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