



**2025 DONATION FORM**

To: New York Insurance Scholarship Foundation  
130 Washington Avenue  
Albany, NY 12210

Date: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

Description	Amount
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**NYISF VOLUNTARY CONTRIBUTION** \$ \_\_\_\_\_

*The New York Insurance Scholarship Foundation, Inc. (NYISF) is a public charity affiliated with the New York Insurance Association, Inc. NYISF aims to reduce financial barriers for the workforce of tomorrow through the New York Insurance Scholars program.*

*If you would like to support NYISF, please indicate the amount of your donation in the space provided, return this form and make check payable to New York Insurance Scholarship Foundation, Inc. NYISF is a 501(c)3 tax exempt organization. Your donation is deductible to the fullest extent allowed by law.*



Thank you for your contribution!