I am interested in helping deserving medical assisting students complete their education. Enclosed is a donation made payable to the Maxine Williams Scholarship Fund in the amount of: $___________________________.

Donations to the Maxine Williams Scholarship Fund are tax deductible as charitable contributions and can be made in honor of the living or in memory of a departed friend, relative, or colleague.

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I am interested in designating the above donation:

☐ In honor of ______________________________

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___________________________
Person to Be Notified

___________________________
Street Address

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City

___________________________
State/ZIP

The Maxine Williams Scholarship Fund provides educational assistance to deserving medical assisting students.

Named after Maxine Williams, a founder of the American Association of Medical Assistants and its first president, the program was established in 1959. The fund is supported entirely by private contributions.

The Maxine Williams Scholarship Fund assumes administrative costs of the fund as a service to the public and to the medical and medical assisting professions.

Please mail completed form with contribution to:

Maxine Williams Scholarship
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606