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UNITED STATES JUDO FEDERATION

Keiko Fukuda Judo Scholarship

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Keiko Fukuda Sensei Centennial Birthday Fundraising Drive

As you may well know, Keiko Fukuda Sensei will celebrate her 100th birthday on April 12, 2013. Dr. Shelley Fernandez & a generous Anonymous Donor has made the following offer to honor Fukuda Sensei's special birthday and her dedication to Judo through the following fundraising program to add to the corpus of her endowment trust scholarship fund:

- Between now and April 12, 2013, donations to the Keiko Fukuda Judo Scholarship fund of \$100 or more will be matched up to a maximum of \$100 per donation
- * The \$100 matching donations will be made up to a maximum aggregate total of \$3,500 in \$100 matching donations by our Anonymous Donor (\$2,500) and Dr. Shelley Fernandez (\$1,000).
- The USJF Endowment Trust Trustees encourage all individuals, dojos, yudashakais, business, & any interested parties to make donations during this period to take advantage of the this offer and maximize your gift
- Furthermore, the Endowment Trust Trustees encourages others to consider making a similar matching donation pledge to further motivate donors to help perpetuate Fukuda Sensei's ideals and legacy

The Keiko Fukuda Judo Scholarship is a program of the USJF Endowment Trust. All of your donations made to the Keiko Fukuda Judo Scholarship become a part of it's corpus/principal and can never be expended in its perpetuity. Thus, your gift/donation to the Keiko Fukuda Judo Scholarship fund is a gift that keeps on giving... Your gift will also add to your donation total towards upgrading your Life Membership or President's Club Life Membership to the next level! Depending on your tax situation, all or a portion of your donation/gift may be tax-deductible. Please check with your tax professional.

Yes, I/we would	like to celebrate Keiko	Fukuda Sensei'	s Centennial birthd	ay with a donation!
Name:			USJF ID #:	
Address:			USJF Life/Pres Club Life #:	
City:			Phone:	
State:	Zip:		E-Mail:	
Club:			Yudanshakai :	
Donation Amount: \$				
[] Check [] Visa	[] MasterCard	Account #: _		
Name On Card:			_ Exp Date:	V-Code:
Account Billing Address:				
Issuing Bank:	Cardholder Signature:			
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Date Received:	Check :	#:		