



Young Scientist Fund

I would like to volunteer time to the MSOP. I can help _____ hours per week/ month (circle).

I would like to make a donation to the MSOP program. Amount: \$ _____

____ My employer will match my contribution

I would/would not (circle) like my name to appear in the MSOP webpage as a donor to the program.

Name as you would like it to appear in the newsletter:

Name _____

Please make checks payable to Carnegie Mellon University, and send to:

MSOP
Carnegie Mellon University
Mellon Institute Suite 294
4400 Fifth Ave.
Pittsburgh, PA 15213