



1555 Newark Road
Zanesville, Ohio 43701
740.588.1206
740.588.1255 Fax

Foundation@ZaneState.edu

ZaneState.edu

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AAdornetto1@ZaneState.edu

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Dear Friends:

Brenda Hoffman left a lasting memory with her family, friends, patients, as well as the Genesis HealthCare and Zane State College communities. She was dedicated to helping others both professionally and personally and served as an inspiration to all!

We all knew Brenda to be passionate, attentive, and, most of all, energetic! Whether you were training for a triathlon or continuing your education, Brenda was cheering you on with genuine enthusiasm. To honor her memory, I would like your help to create a scholarship as a lasting memorial and tribute to the woman we all loved.

Our goal is to raise enough funds to endow the Brenda Hoffman Memorial Scholarship for Physical Therapist Assistant students. At the Zane State College Foundation, once a scholarship fund reaches \$10,000, the fund becomes perpetual and only earnings are used for annual awards.

Would you please make a contribution today? You may contribute by cash, check, or credit card. Large gifts can be pledged and paid over a period of one or more years. Zane State College Foundation is a 501(c)3 organization and all gifts are tax-deductible. A form is attached that you can send directly to the Foundation.

Thank you for your consideration and for helping make a lasting tribute to an extraordinary student, mentor, and friend. I know that you will take great pride in extending Brenda's legacy through a scholarship that will assist future generations of students pursuing a Physical Therapist Assistant degree at Zane State College.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Hollingsworth". The signature is fluid and cursive.

Brad Hollingsworth



Zane State College Foundation is a 501(c)(3) organization and all gifts are tax-deductible.

100% of your gift will be used exclusively for the Brenda Hoffman Memorial Scholarship.

Name _____

Street Address _____ City/State/ZIP _____

Phone _____ Email _____

Name as it should appear for donor recognition: _____

I would like to contribute \$ _____ to the *Brenda Hoffman Memorial Scholarship*:

Check enclosed (payable to Zane State College Foundation)

Make this a multi-year pledge: 1 year 2 years 3 years

Please indicate yearly pledge amount: \$ _____

Charge my credit card: Cardholder's Name _____

Credit Card # _____

CVV# _____ Expiration Date _____

Gifts may be mailed to Zane State College Foundation, 1555 Newark Road, Zanesville, OH 43701