



# Foundation

State Center Community College District

## GIVING FORM

Please print this form, complete the required fields and mail it to the address below:

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

Spouse's Name: \_\_\_\_\_

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

Spouse's Employer: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Class Year(s): \_\_\_\_\_ Major(s) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

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

Class Year(s): \_\_\_\_\_ Major(s) \_\_\_\_\_

E-Mail: \_\_\_\_\_

- I/we have included SCCC Foundation in my/our will or living trust.
- Please send information about tax savings and planned giving through wills, trusts and life income plans.
- Please send information about membership in the Alumni Association.

- Alumni
- Parent
- Friend

In support of continued excellence,

I/we wish to make a gift to SCCC Foundation in the amount of \$\_\_\_\_\_.

Please direct my gift to one of the following:

- The SCCC Foundation General Fund
- College or Center \_\_\_\_\_
- Department \_\_\_\_\_
- Scholarship Fund: \_\_\_\_\_
- Chancellor's Circle: \_\_\_\_\_
- Annual Campaign: \_\_\_\_\_

Please indicate method of payment:

*Mail this completed form to:*

**State Center Community College District  
 Foundation Office  
 390 W. Fir Avenue, Suite 300 -- Building B  
 Clovis, CA 93611**

- Check (payable to SCCC Foundation)
- Visa or MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for your gift. We are a 501 (c) (3) organization and your donations are tax deductible.**