



ONE-TIME GIFT CONTRIBUTION FORM

PERSONAL INFORMATION

Name CW ID#

Address Address 2

City STATE ZIP

Phone (Preferred) Phone (Other)

Email

Primary Campus (select one)

Office Number -OR- Department

Are you a Collin College Alum? Yes No Year Major

Are you a New Donor? Yes No

GIFT INFORMATION

Enclosed amount: \$

Please select payment method:

How would you like your name listed in recognition?

Please return completed form to
 Collin College Foundation
 3452 Spur 399, Suite 429
 McKinney, TX 75069
 Questions? Please contact Patricia Gregory at 972.599.3146.