

## **Gift Form**

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## Your support benefits students in making their dreams a reality.

We appreciate your support! Please complete this form and mail, fax or e-mail it to the address above. You may also give at <u>www.collin.edu/foundation/give</u>.

## **CONTACT INFORMATION**

First NameLast Name					
Maiden Name(if applicable) Home Address					
AptCity			State	Zip Code	
Home Phone					
I attended/graduated from Collin College: Year(s) attended			Degr	ee(s) earned	
If you had a different name as a Collin College stud	•				
GIFT AMOUNT AND DESIGNATION Total Gift Amount: \$1,250 \$750 \$500 Please use my gift to support:			S		
Annual Named Scholarship Constant Scholarship	) \$ ¢		llin Cabaret		
SGeneral Scholarship Fund Joint gift with (full name):					
Address Your gift amount will not be included in the notification. My company/my spouse's company will match my <b>PAYMENT METHOD</b> \$ Check (please enclose check paya \$ Credit Card Visa Maste	gift <i>(Please cor</i> able to Collin ( rCard Dis	nplete your c College Fou cover	company's form and ndation)		
Name on card:					
Account number:	ber:Expiration Date:				
Billing address: same as home address above	9				
Pledge of \$ (total gift) Monthly beginning on		Endin	g on		
Quarterly beginning on	Quarterly beginning onEnding on_				
Semi-Annually beginning onEnding on					
Signature	Thank you	for your	Date_ gift!		

Information provided on this form will be used by Collin College Foundation solely for the purpose of crediting you correctly for your gift. Personal information contained in the Foundation's records is used only for college-related business.