

DONATION FORM



Please complete and return to:
Arapahoe Community College Foundation
5900 S. Santa Fe Drive
P.O. Box 9002
Campus Box 43
Littleton, CO 80160-9002

First Name _____ MI _____ Last Name _____

Company/Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____

Yes - I/we want to support ACC Foundation. Please accept this gift of \$ _____

- Check is enclosed for \$ _____ (Please make payable to: **ACC Foundation.**)
- Please bill me/us Date _____
- Please accept credit card payment: Name as it appears on card _____
____ Visa ____ MasterCard ____ AMEX ____ Discover
Credit Card Number _____ Expiration Date _____

Please direct this gift to: Scholarship General

- Specific _____
- Academic Program _____
- College Critical Needs _____
- Other _____

- My employer _____ will match my gift. Enclosed is a matching gift form.
- Please send information about how to remember **ACC Foundation** in my/our will/estate plan.
- ACC Foundation** is included in my/our will.
- Check here if you DO NOT want your gift publicly acknowledged.

My/our gift is made in honor of _____

My/our gift is made in memory of _____
Please complete name of person(s) you wish to honor or memorialize so we can let them know.

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

YES - I/we would like to receive ACC Foundation news and information via e-mail.

E-mail Address: _____

THANK YOU for supporting ACC Foundation. Your gift is tax deductible to the extent of the law.