



**ACC**  
FOUNDATION  
DONATION FORM

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

Please accept my enclosed check (made payable to the ACC Foundation)

**My gift is designated for:**

- Transforming Lives Fund  
(area of greatest need) \_\_\_\_\_
- Scholarship \_\_\_\_\_
- Student Emergency Fund \_\_\_\_\_
- Veterans Fund \_\_\_\_\_
- Other \_\_\_\_\_

- My employer will match my gift; Enclosed is a matching gift form.
- Please provide me with information about how to remember the ACC Foundation in my will/estate plan.
- The ACC Foundation is included in my will.
- My/our gift is made in honor of: \_\_\_\_\_
- My/our gift is in memory of: \_\_\_\_\_

**Please return this form to:**  
**Arapahoe Community College Foundation**  
5900 S Santa Fe Drive, Campus Box 43  
Littleton, CO 80120  
303.797.5881  
[foundation@arapahoe.edu](mailto:foundation@arapahoe.edu)