YES! I WANT TO SUPPORT CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION

I WOULD LIKE TO CONTRIBUTE: COCC EMPLOYEE PERSONAL INFORMATION ONE FULL SCHOLARSHIP (\$4,000) I AM A: O COCC ALUMNI O PAST COCC SCHOLARSHIP RECIPIENT ○ TUITION FOR ONE TERM (\$1,333) NAME _____ O TUITION SUPPORT (\$100) ADDRESS _____ ○ TUITION SUPPORT (\$25) CITY/STATE/ZIP O TUITION SUPPORT (\$10) TELEPHONE ____EMAIL ___ OTHER \$ O I WOULD LIKE MY DONATION TO REMAIN ANONYMOUS COCC EMPLOYEE PAYROLL DEDUCTION PLEASE SEND ME INFO ABOUT: O VOLUNTEER OPPORTUNITIES PLEASE INDICATE LENGTH OF DONATION: O ONGOING O UNTIL (DATE) WITH THE COCC FOUNDATION DATE OF FIRST MONTHLY DEDUCTION _____AMOUNT OF DEDUCTION \$ ____ O PLANNED OR ESTATE GIVING THROUGH LIFE INSURANCE, SIGNATURE DATE LIFE INCOME PLANS, WILLS OR BEOUESTS ONE-TIME DONATION CHECK ENCLOSED (PAYABLE TO COCC FOUNDATION) ○ CHARGE MY CREDIT CARD: ○ VISA ○ MASTERCARD ○ AMEX EXP. DATE CARD NUMBER CARDHOLDER NAME_____ZIP CODE ____

SIGNATURE

THANK YOU FOR YOUR SUPPORT! PLEASE RETURN THIS FORM TO THE COCC FOUNDATION FOR PROCESSING.

