



# COCC Foundation Donation Form

Date: \_\_\_\_\_

## Donor Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

Amount: \_\_\_\_\_

Notes: \_\_\_\_\_

Check Enclosed (*make payable to COCC Foundation*):       Cash Enclosed:       Credit Card:

Make My Gift Recurring:  Monthly     Quarterly

*(If you choose recurring, COCC Foundation will run your card for the amount indicated above either monthly or quarterly as directed)*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed forms to:  
COCC Foundation  
2600 NW College Way  
Bend, OR 97703