

**Glen Oaks Community College Foundation
Campaign for Glen Oaks Community College**

To support the continuing efforts of the Glen Oaks Community College Foundation:

Name _____

Address _____

Email Address _____ Telephone _____

If your employer has a matching gift program, please contact your personnel office for the appropriate form to send to the GOCC Foundation.

Employer Name _____

Do you wish to designate your gift to an established fund? [Click here for list of Scholarships](#)
If so, please name _____

Cash Gift:

Enclosed is my check for \$ _____ (make out to Glen Oaks Community College Foundation)

We accept: VISA/MASTERCARD Please fill in the information below.

Bankcard Account Number _____ / MM _____ YY _____
 Visa Mastercard Expiration Date

Amount \$ _____

Cardholder Signature _____ Date _____

Pledges:

I / We pledge \$ _____

I / We intend to complete this pledge over the next _____ years,
with the first payment to be made _____, 20_____

Donor's Signature _____ Date _____

Please Use My Gift For:

- ____ Where the need is greatest
- ____ Instructional improvement
- ____ Professional development
- ____ Scholarship and grants
- ____ Campus and cultural development

Your contribution is deductible for Federal income tax purposes and qualifies for a Michigan income tax credit.

You can print this form to fill out by hand or type in the fields and then print the form.
Once printed, please sign and mail or fax.