



Fresno City College Old Administration Building Capital Campaign

Giving Form

Yes! I would like to support the OAB: A Legacy Renewed

Donor Name (Ms./Mrs./Mr./Dr.) _____

Mailing Address _____

City, State, Zip _____

Telephone (_____) _____ Cell (_____) _____

E-mail Address _____

Signature _____ Date _____

Method for Contributing:

1. I submit a one-time gift of \$ _____ .
2. I submit a pledge of \$ _____ .

Annually Semi Annually Quarterly Monthly One Time

Beginning on _____, 200__ and continuing for _____ months / years.

Method of Payment:

Enclosed is a check payable to State Center Community College Foundation.

Please charge my contribution to VISA MasterCard

Credit Card No. _____ Expiration Date _____

Cardholder's Name (printed) _____

Cardholder's Signature _____ Date _____

Stock Transfer (To transfer stock, inform your investment advisor to credit UBS account number FE00708, DTC# 00221.)

My employer is a matching gift company. Yes No Don't Know

I want my gift to support the following naming opportunity: (See back of this form for naming list.)

Gift is made in honor of / memory of: _____

Please send acknowledgement to (if different from Donor):

Name (Ms. /Mrs. /Mr. /Dr.) _____

Mailing Address _____

City, State, Zip _____



For additional information contact: Campaign Headquarters
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Office 559-244-5991 • Fax 559-499-6010

The State Center Community College Foundation is a 501(c)(3) Non-Profit Organization
Tax ID#77-0190269

Solicited by: _____ Date: _____