



DELTA COLLEGE FOUNDATION DONATION/PLEDGE FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I wish to make a donation of: \$ _____

Frequency: Monthly Annually One Time

Payment method (select one):

- 1. Check Enclosed
- 2. Charge my Credit card: MASTERCARD VISA DISCOVER AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

- Gift Use:** Field Trips Associated Student Body Passport to College
 Unrestricted Donation Unspecified Scholarship
 SJDC Program Council (please specify): _____
 SJDC Scholarship (please specify): _____

Print and mail this completed form (along with check if applicable) to:
Delta College Foundation
Attn: President's Office
5151 Pacific Ave
Stockton, CA 95207

Questions? Contact the President's Office at 209-954-5018