



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: Unrestricted Donation (Donor places no restrictions on use of funds)

Restricted Donation. Please specify intended use of Funds (Below):

Print and mail this completed form (along with check if applicable) to:

Delta College Foundation
Attn: Kathy Hart, Office of the President
5151 Pacific Ave
Stockton, CA 95207

Thank you for your generous donation. If you have any questions, please feel free to contact the Superintendent/President's Office at (209)954-5018.