



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: _____

3. Cash

Gift Use: Student Food Pantry – Account: 8300.30041.2131.709001.10235.20001

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