

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card ___ other

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
 ___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Donations are tax-deductible to the extent allowed by the law.

Please make checks, corporate matches, or other gifts payable to:

Highline Community College Foundation
PO Box 98000 MS 99-248, Des Moines, WA 98198-9800

For more information, contact Rod Stephenson, Executive Director
 Phone 206-878-3710 ext.3696 • rstephen@highline.edu • www.funds4highline.org